The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager:
ETHEL JOHNS, Reg. N., 1411 Crescent Street, Montreal, P.Q.

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The
CANADIAN NURSE

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SEPTEMBER, 1939

The Red River Cart

At the annual meeting of the Registered Nurses Association of Ontario a symposium took place entitled "How may we provide nursing service for all who require it?" Miss Edna Moore set the ball rolling by presenting an excellent report of the study, recently made in Ontario, of the extent to which nursing service is available in the homes of the people. Miss Kathleen Russell followed with a keen analysis of the preparation needed for such service, and Miss Madalene Baker gave a masterly presentation of the problem from the private duty angle. Miss Jean Gunn, after summarizing the findings in all three addresses, linked them together in a logical statement which clarified the whole issue.

Obviously the value of such a symposium is by no means confined to Ontario and, therefore, two of the principal addresses appear in this issue. Miss Moore's article is not easy reading — facts and figures seldom are — but it does provide a sound factual basis which hitherto has been lacking.

Miss Baker contends that the methods now used in making *skilled and continuous* nursing service available in the home are as obsolete as the creaking Red River Cart in this day of Trans-Canada Air Lines. In many centres, nursing service of a high order is provided in the home by visiting nurses. But this service, though highly skilled, is not continuous. Subject to the limitations of their training, valuable service can be given by non-professional workers. But this service, though continuous, is not highly skilled, and therefore is inadequate in cases of acute illness.

Private duty nurses (and they alone) can offer service which is *both continuous and highly skilled.* And yet it is common knowledge that they are steadily losing ground in a field which is peculiarly their own. What might be done to regain it? We think that Miss Baker has found the answer.

The Nursing Needs of the Community

EDNA L. MOORE

Chief Public Health Nurse,
Ontario Department of Health

A community is a body of people living in the same place under the same conditions. In pioneer days Ontario communities, being cut off from outside contacts, were closely united and the members of the group were much more dependent upon one another for help than is the case in Old Ontario to-day. In the northern and western districts, however, pioneer conditions still prevail in a number of communities. Many of us have been thrilled by tales of courageous women, brave men and stout-hearted children who shared the dangers of cold, hunger, illness and raids by hostile Indians as well as the joys of clearing the land and making homes where virgin forest had stood. We have heard of good neighbours who sat up night after night with the sick, who shared the sorrow of the bereaved by preparing the dead for burial and making a sturdy pine coffin, who took to their homes the motherless infant, who divided their stores and gave of their knowledge and skill in poulticing, bleeding and tooth pulling in true community spirit.

The years passed and the trails that connected the settlements with the outside and each other became roads. Churches and schools were built, mills came, and villages sprang up about them. Townships were organized, a few mill villages became towns while others disappeared when the lumbering was over. Some towns grew into cities. Meanwhile the census enumerator, the assessor and tax collector made their way up and down the improved roads. Moreover, doctors had come and their coming had brought joy and a certain sense of security to the people. In the large urban centres hospitals had been established with training schools for nurses. But only the very ill went to hospital from a distance and very few families had trained nurses in their homes and apparently those who had once had either experience considered it sufficient for a life-time. Soon these growing communities became too complex in their development for neighbourliness to take care of the social needs. With the growth of responsible government through the years, responsibility for the sick, the poor, the needy orphan and widow, neglected and dependent children, the children of unmarried parents and the dependent aged, have become to a considerable extent the concern of the community.

Community nursing needs have not been conceded recognition in social legislation. And, although organized nursing and medicine have given the matter serious thought in recent years, there has been no demand from the public to indicate that nursing service is recognized as a social need in Ontario communities. It is true that visiting nursing is subsidised locally and, to a slight degree, provincially, but this type of service while available in some fifty urban and semi-urban centres cannot be termed a provincial service. Facing facts is recognized as a healthful procedure. We all advise it. Let us do it.

In 1937 the estimated population of Ontario was 3,711,000. There were 61,645 births — 30,824 of them in institutions and 30,821 in homes. The total number of deaths in 1937 was 38,475. Of these 14,910 were in insti-

tutions and 24,285 in homes. (1) It is estimated that probably three per cent of the population — in Ontario in 1937 this represented 111,330 persons — are ill, on the average, every day, (2) while doubtless the remaining 97 per cent (3,599,670) should receive the benefits of public health nursing service.

Disabling illnesses lasting one week or longer were found to occur at the annual rate of 172 in each 1000 of the population by the National Health Survey conducted in the United States (3) In Ontario the number of disabling illnesses calculated on this basis would exceed 630,000. We know that in 1937 hospitals — public, private, convalescent and incurable and sanatoria — treated 312,245 patients, (4) a number of whom remained in hospital less than one week. Roughly 80,000 patients are hospitalized for periods of six days or less in public hospitals in Ontario. Correcting the figure for total patients hospitalized during 1937 for these short-stay cases gives 230,000 as a fair estimate of the number of cases of disabling illness (5) treated in hospitals during the year. On this basis, therefore, the total number of disabling illnesses occurring at home may be taken to be roughly 400,000 each year.

It is reasonable to assume that every case of illness lasting a week or longer would or should have a physician in attendance either for observation or for treatment. In their replies to the questionnaire concerning the distribution of nursing service in Ontario sent out in 1935 and 1938, physicians indicated in the gross that 22 per cent of the non-hospitalized cases under their care needed the services of trained nurses. In 1935, thirty per cent of the 22 per cent were reported to be receiving such care, while in 1938 forty-two per cent were reported to be receiving it. Of those receiving skilled nursing care 48 per cent had nurses in the home, 51 per cent were attended by visiting nurses and 1 per cent had other care. (6) It should be remembered that Hamilton, London, Ottawa and Toronto were not included in the study.

Applying the proportion 22 per cent to the 400,000 cases of disabling illness in the homes gives 88,000 patients. Considering the fact that the survey was not limited to disabling illnesses but included all home cases under care, and that the large cities were not included in the survey which yielded the 22 per cent, doubtless twice 88,000 or 176,000 is a reasonable estimate of the number of cases of disabling illness occurring in the homes of Ontario and which were in need of nursing care during the year 1937.

The number of nurses registered in Ontario in 1937 was 12,068. (7) The number engaged in hospitals was 2,940 and the number registered but not practicing or living in Ontario was 500. Approximately 500 nurses are engaged in public health work in addition to 200 with visiting nursing organizations. There were, therefore, 8,128 nurses to care for 400,000 cases of disabling illness in homes. The Visiting Nurse organizations gave care to 43,297 cases, leaving 7,928 nurses to give care for an estimated 356,000 illnesses lasting one week or longer.

The London Nurses Registry reports that 80 per cent of the calls answered in 1937 were for hospital special duty. The Toronto Registry reports that 90 per cent of the years' calls were for hospital special duty. (8) Taking 85 per cent as the proportion of nurses engaged in hospital special duty, there is left 15 per cent of 7,928 or 1,189 nurses in private practice to meet the nursing needs in the homes of Ontario.

One thousand one hundred and eighty-nine nurses working 300 days in

the year could provide 356,700 days of nursing service. It has been suggested that there are roundly 176,000 cases of illness lasting a week or longer in need of nursing care annually in the province. The 356,700 nursing days available would allow an average of approximately two days to each case.

Let us consider merely the obstetrical and pneumonia cases as a means of estimating the extent of the present problem. Surely no one will dispute the need of skilled nursing in either of these fields.

There were 30,821 births in Ontario homes in 1937. Five thousand nine hundred and eigthy-three confinements were attended by visiting nursing organizations. (9) This number represents 19 per cent of the births in homes and it leaves 24,838 to the care of nurses in private practice. If each of these 24,838 maternity cases in homes not cared for by visiting nurses received on the average, 7 days of nursing, it would require 173,866 nursing days.

Roughly 60 per cent of deaths from pneumonia occur at home. (10) Add to this total the cases taken to hospital after several days illness at home and we have a startling picture of nursing need in connection with one type of illness in which nursing care is of the utmost importance. Sixty per cent of the pneumonia deaths represents 1,350 persons. Calculating the nursing need at a minimum of 5 days for each fatal case, on the average, gives 6,750 nursing days. The estimated annual number of cases of pneumonia in Ontario is 10,000 of which probably not more than 60 per cent are hospitalized. This adds a further 20,000 days or more to the nursing needs in this disease alone. Thus for pneumonia and obstetrical cases only, the total estimated nursing days needed are about 200,000, or more than half the available nursing days (356,700.)

Let us now look at the deaths from all causes. There were 38,475 deaths in Ontario in 1937. Of these 24,285 occurred outside hospital. Ecxluding pneumonia cases, suicides and fatal accidents there are about 20,000 fatal home illnesses to consider with respect to nursing needs. If we take five days on the average as a conservative estimate, the need would stand at 100,000 nursing days. This number added to the 200,000 days for obstetrical and pneumonia cases gives 300,000 which is roundly 85 per cent of the estimated nursing days available. This leaves 56,700 nursing days for all other non-hospitalized disabling illnesses including paediatric, orthopaedic, communicable disease, medical and surgical cases, mental illness, cases of alcoholism and drug addiction, the chronic invalid and the aged.

These, excluding home obstetrical cases, pneumonia cases and deaths occurring at home, and deaths from other causes in the home from the 400,000 estimated disabling illnesses in the home annually, number well over 325,000. Then, too, there are posts in physicians' offices and in clinics to be filled by nurses.

What do physicians have to say concerning the nursing needs of 58 per cent of their non-hospitalized cases not receiving nursing care? As noted in the Report on the Study of the Distribution of Nursing Service it was this: 36 percent of them needed a nurse in the home; 47 per cent of them would have been adequately served by a visiting nurse; and 16 per cent should have been in hospital. It was said of the three groups that 13 per cent of them had a practical nurse in attendance, while the remaining 87 per cent were cared for by members of their families.

There are approximately 500 nurses engaged in public health nursing in Ontario under official auspices, industry and

commerce and 200 with visiting nursing organizations. In Sweden the ratio of public health nurses to population is one to 3000. In the United States the standard advocated is one public health nurse to each 2000 of population. If Sweden's attainment obtained in Ontario we would have 1200 nurses in the field of public health instead of 700.

The 1931 Census showed that 39.27 per cent of Ontario's population was gainfully employed. In terms of people this means 1,346,214. Of these 965,607 or 71.7 per cent were wage earners while 83.7 per cent of these wage-earning families had incomes below $1,950. This maximum income of $1,950 represents $5.34 a day. However, the size of the families and the income of each person would need to be considered in any detailed study of income in relation to health.

Consulting again our Study of the Distribution of Nursing Service, we are reminded that the physicians, in indicating why 58 per cent of their patients who needed nursing service were without it, gave "inability to afford" in 72 per cent of the cases, "scarcity of nurses" in 6 per cent and a variety of reasons classified as "other" in 22 per cent of of the cases. These points are raised in order to introduce the economic approach to the question under discussion.

From the comments submitted by the physicians who co-operated in our Study it is evident that some thought is being given to the problem of securing adequate nursing care to meet the social needs of the people of Ontario. Time does not permit that the statements be quoted but a summary of them, taken from the Report, follows:

1. There is need for public education with respect to the value of skilled nursing service.
2. There is need for part-time nursing service which would permit the patient to pay for requisite periods of service and remove in many instances the necessity for providing accommodation, meals, etc. for the nurse.
3. There is need for community organization to provide nursing service, full-time and part-time.

Addressing nurses in 1918, Adelaide Nutting, then Professor of Nursing at Teachers' College, Columbia University, said "We are on trial before the world, being tested, not for our zeal and devotion, but for our judgment and good sense and knowledge of our own situation." Addressing nurses in 1938, Michael M. Davis, Ph.D., who is chairman of the Committee on Research in Medical Economics said "The American Nurses Association, and its younger sister the National Organization for Public Health Nursing, need to move forward as rapidly as possible, because only the profession can take into account quality and standards of service, whereas the lay public will take account only of quantity." Another significant sentence is "The *Utilization* of nursing care by the people is related to the organization of nursing service." And here I repeat the third statement from the summary of comments in our own Study — "There is need for community organization to provide nursing service full-time and part-time."

Grateful acknowledgment is given for assistance from the staff members of the Divisions of Hospitals, Nurse Registration and Statistics of the Ontario Department of Health, with particular reference to Dr. A. Hardisty Sellers, who not only supplied much of the source material but gave of his time to discuss the whole subject and also in the reading of the manuscript.

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tion of Births, Marriages and Deaths in Ontario, 1937.

2. *Preliminary Report of National Health Survey*, 1935-36, *U. S. A. Bulletin No.* 1.
3. *Ibid.*
4. *Sixty-eighth Annual Report upon the Public Hospitals, Private Hospitals, for Incurables, Convalescent Hospitals and Sanatorium for Consumptives of the Province of Ontario*, 1937.
5. *"Disabling illness", where not otherwise qualified, means one which kept patients from work or other usual activity for one week or longer.*
6. *Reports upon the Distribution of Nursing Service in Ontario*, 1936 *and* 1938.
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AN INTERNATIONAL OCCASION

The ceremony of Presentation of Certificates to the students who had completed the International Courses took place in London on July 6. These courses are given under the auspices of the Florence Nightingale International Foundation and, by a happy coincidence, the meeting of the Board of Directors of the International Council of Nurses was in progress in London thus permitting official representatives from eighteen countries to share in the happy occasion. Canada was represented by Miss Grace M. Fairley, president of the Canadian Nurses Association, who had the pleasure of watching Bianca Mary Beyer, Canada's 1939 scholarship student, as she took her place among her twenty-one fellow-students, d r a w n from fifteen different countries.

Sir Arthur Stanley was in the chair and addresses were delivered by Miss Jebb, Principal of Bedford College, and by Miss B. G. Alexander, president of the South African Trained Nurses Association. Count John Limberg Stirum, Netherlands Minister in London, presented the certificates and gave an inspiring address. Votes of thanks were proposed with grace and charm by two of the students, Miss Janzon, of Sweden, and Miss van Voorthuysen, of the Netherlands. The delightful reception which followed the ceremony afforded an opportunity for renewing international friendships.

The following evening the annual dinner of the "Old Internationals" Association brought the year of shared work and play to a happy conclusion. Princess Anna Schwarzenberg, executive secretary of the International Council of Nurses, who had previously been elected president of the "Old Internationals", occupied the chair, and welcomed the distinguished guests.



Around the Council Table

Two international meetings, both of outstanding interest to nurses, were held in London during the last two weeks of July. One was the interim executive meeting of the Board of Directors of the International Council of Nurses, and the other was the biennial meeting of the Florence Nightingale International Foundation.

Eighteen countries sent delegates to the meeting of the Board of Directors, Canada being represented by the President of the Canadian Nurses Association. It was an extremely important conference because many of the matters dealt with had an international bearing. Throughout the discussions, one was impressed by the great sympathy and tolerance displayed by all who took part in them. In the course of fulfilling her obligations to her own National Association, each delegate had evidently come closely into touch with the problems which are facing every country at the present time. This silent but deep understanding brought the member countries very close together.

The business of the Council was dealt with impartially, and we have reason to feel proud of the leadership given by our President, Miss Effie Taylor. The Founder of the International Council of Nurses, Mrs. Bedford Fenwick, was present at all meetings and, as ever, expressed herself forcefully and with conviction. At the opening session the President, in the course of her introductory address, said that the members of the Board of Directors were honouring themselves in honouring the Founder and amidst applause presented Mrs. Bedford Fenwick with a magnificent bouquet of red roses as a token of respect and affection.

The list of delegates, and the National Associations which they repre-

sented, included the following: The President, Miss Effie J. Taylor, Mrs. Bedford Fenwick, Founder, Great Britain; Dame Ellen Musson, treasurer; Miss B. G. Alexander, second vice-president, South Africa; Mlle. de Joannis, third vice-president, France; Miss J. Stimson, United States of America; Frau Oberin H. Blunck, Germany; Miss G. M. Fairley, Canada; Miss Kaae, Denmark; Miss V. Snellman, Finland; Miss Knottenbelt, Holland; Miss D. Hartley, India; Mlle. M. Damman, Belgium; Miss G. E. Stephenson, China; Miss B. Helgestad, Norway; Miss Baticka, Poland; Miss Vogel, Sweden; Miss Samsing, Australia; Mme. Costres, Roumania; Miss Hoffman, Switzerland; Dame Alicia Lloyd Still attended by special invitation.

Many opportunities were afforded, through the hospitality of the various Matrons of local hospitals, and British members of the Council for the renewal of old friendships and for welcoming members who were attending for the first time. A delightful reception was given by Miss Hillyers, Matron of St. Thomas's Hospital, in the historic Nightingale Home, a pleasing feature of which was a group of old English songs rendered by the Student Nurses' Glee Club.

The meetings of the Florence Nightingale International Foundation were held at St. Thomas's Hospital — a fitting place to discuss a Memorial to Miss Nightingale. The sessions were presided over by the retiring president, Dame Alicia Lloyd Still. The teaching staff has been materially strengthened and there is no doubt that the Board of Management has a ready ear for suggestions whereby the various courses may be improved. There has been marked development during the past few years which the "Old Internationals" are conscious of, and strongly approve.

Miss Ruby Simpson, chairman of the Canadian Florence Nightingale Memorial Committee, was represented by Miss Grace M. Fairley, and the second Canadian delegate was Miss Elizabeth L. Smellie. The new President of the F.N.I.F., Miss B. G. Alexander of South Africa, took office at the concluding session. It is gratifying to record that the following generous donations were made toward the Endowment Fund:

The South African Trained Nurses' Association	£2,000.
The American Nurses Association	£2,136.
The International Council of Nurses	£1,000.

The delegates attended the ceremony (described elsewhere in this issue) of the Presentation of Certificates to the students who had completed the International Courses given under the auspices of the Foundation. Here again one was conscious of the warm and affectionate understanding prevailing among the students from fifteen different countries, who for many months had lived and worked together. Miss Astrid Janzon, of Sweden, in proposing a vote of thanks from the students, said that the whole experience had been like passing through a beautiful garden in which she had found seeds to sow in the new field of her future work. The value of understanding and friendship, irrespective of creed or nationality, had been made clear to her and would remain the finest lesson she had yet learned.

Even in these difficult and troubled times, the spirit of courage and tolerance displayed by these young students may serve as an inspiration to the International Council of Nurses in its sacred task of fostering goodwill among the nurses of the world.

G. M. F.

Learned at Manchester Square

MARGARET F. BUCHANAN

Hospital for Sick Children, Toronto

Much has been written about the Florence Nightingale International Course regarding the various courses and educational activities but I would like to point out something which those of us who have taken the Course feel is one of the most important things we gained from it.

We arrived in London — twenty-one students from twelve different countries — all with our own ideas, and all with the firm conviction that those ideas were the best. To a disinterested onlooker, seeing us all return from our various observation trips to hospitals and public health organizations during the first few weeks, I am sure it would have appeared that we scarcely needed the Course — so much better were our own hospitals and public health organizations. The conversation ran as follows: — "Do you know what I saw . . . .!" "They actually do . . . ." "Now, in Denmark we don't do that way, we . ." and before the better points of Denmark's methods could be elaborated, another voice "Do you really — why in United States we . . .", and so on and so on.

Other things, too, seemed very strange and assumed mountainous proportions. Holland, for instance, would not wear a hat! Of all things! And Canada and the United States were given to riding in taxicabs! Ridiculous! Each had her own little peculiarity which, to the other twenty, was hard to understand. It is a peculiar adjustment one has to make — living in such close contact with others from many lands for an entire year. And it was very interesting to see how we grew, one and all, and broadened our viewpoint until one found Canada championing Denmark, Sweden "battling" for China, and a gradually growing tolerance for everyone's habits and methods.

A community of interest also grew, and many weighty problems were settled over an evening of knitting and sewing in the lovely old drawing room. Varied were the articles we made, and we helped each other, but somehow there were many failures despite the industry applied. A collection displayed at the end of the year amidst great merriment included a bed jacket that would always lack a sleeve, a blouse that for some reason would not go over the head, several sweaters started bravely and stopping short at the armholes, and a baby's shawl that would just not go square! The work was wasted, perhaps, but never those evenings spent together.

Various excursions taken together helped to form close friendships. One of the days which will always be a happy memory was Christmas Eve — a day that commenced at three in the morning when a few courageous souls wakened a few others and all crept sleepily into "Finland", where a gay table lighted with fat Finnish candles was set for breakfast with coffee in "Finland's" copper pot and Danish pastry. Shivering, we all set forth — China and the United States, Germany and Canada, Holland and India, England and South Africa — bound for Covent Garden Flower Market. All London seemed to sleep save for a few friendly Bobbies, one or two revellers returning home — and us! However, as we left the West End and penetrated farther

into the older and less fashionable London we found activity beginning as cars rumbled over the pavements and vendors with pushcarts rattled by. Covent Garden was a vertitable hive of industry and we stood fascinated and open-mouthed amongst the rows and rows of flower stalls while the amiable Cockneys rushed by, balancing on their heads huge crates of flowers and shouting friendly insults at their fellows. Having dodged about for an hour or so amongst the fragrant flowers and being by this time, almost as laden as the sellers themselves, we set off for home. By this time London was humming with the early workers and the "Tubes" were running. We clambered into one and sat with our flowers poking at a charlady's bonnet. Apologies elicited a good-natured "Awlright dearie — enjoy yerselves while yer young!" Sleepily, the weaker souls climbed into bed as soon as we arrived at Manchester Square, while a few of the sturdier ones repaired to the basement where there is the most truly international gathering place in the house — the laundry. There hung garments from all countries and great were the mysteries regarding them until finally we grew to recognize by sight "Sweden", "Holland" and "U.S.A." And many were the heated discussions which took place while we toiled to remove the London fog and soot!

All Christmas Eve an air of mystery pervaded the house. The drawing room and dining room were closed to us and we gathered for tea in Miss Dorsey's room — an exciting tea not just bread and butter and jam. We were surrounded by cards and gifts from *old* students in almost every country in the world who had once sat on Christmas



THE "INTERNATIONALS" OF 1939



A beautiful interior at 15 Manchester Square. Through the archway leading from the drawing room, a group of students may be seen hard at work in the library. The classic elegance of the woodwork is characteristic of the style of the famous Adam brothers.

Eve in this very room as we did now! At seven-thirty the doors of the dining room were opened to us and we had dinner — a real English Christmas dinner. Then came the tree — a magnificent tree reaching to the lovely ceiling of the drawing room! Much merriment ensued while gifts were given out — a miniature French dictionary to an aspiring French student, a small deck of cards to a new bridge enthusiast and a picture of the Royal Family to an ardent admirer. The day ended for some as soon as the party was over, but others bravely started off for Midnight Mass at Westminster Cathedral before parting for the holidays. And as we parted, twenty-one people who four months before had never heard of one another, one would have thought we were lifelong friends, so close had been the relationship during that short time.

The Easter term made the relationship all the more close and great was the excitement and interest in each other as we all returned from our Easter field trips. But now something was lacking from our descriptions of the places we had been — the destructive criticism, the unfavourable comparison with "our own". The Summer term was shadowed with the feeling that parting was very near and many countries and many different beliefs began to close in on us once more. Over Europe hung warclouds, and it seemed almost a dream that during one whole year twenty-one people from twelve different countries had so completely merged their differences in a common cause with a tolerance and understanding from which had grown one of the most valuable gains of the year — the knowledge that one thing may be done by many different people in many different ways with an equally good result!

We Could Increase the Demand

MADALENE BAKER

Private duty nurse, London, Ontario

A not so elderly gentleman remarked the other day that he could remember the time when one might enjoy quite a long spell of sickness at a very moderate cost, but that in this day and age, illness has become a luxury which very few of us can afford. A trade journal recently carried this slogan, "You can't do today's work with yesterday's methods and expect to be in business tomorrow." Don't you thing there is a direct connection between these two statements? When you stop to think of it, is it not true that many necessary commodities we purchase today, if we had to acquire them through the business channels of twenty-five years ago, would prove luxuries which very few of us could afford?

It is only too true that illness under the present set-up is in the luxury class. Unfortunately, it is equally true that illness refuses to remain in luxurious environment and it is on those financially unable to cope with it, that it seems to fall the heaviest. Nurses are far from over-paid, but surely there must be some means by which we can serve those in need at less cost to them. I think this slogan, "You can't do today's work with yesterday's methods and expect to be in business tomorrow", is a splendid place to start in attempting to outline the part which organized registries could play in meeting the nursing needs in any community.

The foundation stone will be the establishment of an understanding relationship and division of responsibility between the various nursing groups. My own group—private duty nurses—must realize that they cannot remain sealed in their own ideals and attitudes. They must look beyond these walls to the need of the people they serve. If they do this, they will rally in a unified professional effort to set up co-ordinating agencies through which an attempt would be made to supply all types of nursing service to all the people, rich and poor.

No programme can be planned without definite objectives. I believe that two primary objectives of any worth-while registry programme should be first, to render nursing service to the public in a broad sense — adequately meeting their needs. Second, to provide the registrant with the maximum amount of economic security. These objectives create problems which cannot be completely solved by the nursing profession alone. A community nursing service will never prove adequate if we continue to foster an attitude of individualism. It is not our responsibility to see that all sick people are cared for, but it is our responsibility to set up and promote a varied, extensive service that when offered to the public, will more adequately take care of their nursing needs.

To set up such a service we need to establish representative boards, embodying not only members from all groups of the nursing profession, but active participants from the medical profession and the lay public. The professional nurse members would be elected by the membership. All board members might be elected in this manner, or the physicians and the lay group could be appointed by the elected board. Dr. Jones should not be selected because he is so handsome, or has such a nice voice, or

Mrs. Smith because she is president of some organization. In every community we have citizens interested in health who will give of their brains and their time to promote the good of the community in which they reside. We should endeavour to select these key men and women.

You may ask, "Why have other than nurses on the board?" We can never fully understand the public need of nursing service, nor promote a co-operative community spirit until we establish representative boards. Such boards would provide a meeting ground for the discussion of problems affecting nursing service from the point of view of all concerned rather than from the viewpoint of one isolated group. Such representation would serve as a connecting link between the community, the registry providing nursing service, and the nurse who gives the service, and thereby establish sound public relations. It would seem best to have a small executive committee appointed to take care of routine business, with the full board meeting regularly for discussion of important problems and progressive policies.

The board now established faces the difficult task of selecting a competent director. The success of the project depends largely on the suitability of this person, who forms a very vital part of every registry. Supervisory experience should be included in her credentials, because of the responsibility she must accept in guiding the young nurse into a path of service where she may become self-supporting and an asset to her profession. She is going to need to be a paragon to broaden our understanding, deepen our acceptance, and strengthen our capacity to limit ourselves to the area of work for which we are professionally qualified.

If we would meet the public need in nursing, then I think very broad principles of nursing policies will have to be set up, and I am of the opinion that the details should not be specific to the point of limiting freedom of action on the part of any registry director and her advisory committee, but rather that the standards should point the way to ultimate achievement.

In the past, and even today, registries function only as a clearing house for private duty nurses. For the most part they are a matter of telephone calls — hospital registries particularly. Do not mistake me, I am not complaining about the way hospital registries are managed, and I want to say about this arrangement, we are not, and never have been, justified in expecting hospital authorities to gratuitously assume the responsibility of our (the private duty nurses) business office. Let us stand on our own feet and establish organized community registries. Where there is only one hospital, the office may have to be maintained within, but if possible at all, set it up in a central part of your community, preferably in the downtown area, and equip it with adequate and efficient personnel.

The ideal registry would embrace visiting nursing organizations, and work in close relationship with all other public health nursing services and hospitals. The ideal situation would be one where the graduate, on completing her course at the school of nursing, would fisrt pass through the channel of this visiting nursing organization, thereby gaining field experience under careful supervision, into the placement service from whence she would be sent to service the community.

A registry that will actually service the community should incorporate in its programme every type of nursing service (not taken care of by organized public health) that might conceivably

be demanded of such an organization. As it is, if we require other than graduate nursing service, we telephone all our aunts and our cousins to ask if they know and can recommend a practical nurse. By the time we think we're sure that we have heard of a good one, we have had a chill or are in a fever. The nucleus of registrant membership will, by virtue of numbers, be registered private duty nurses, but practical nurses should be included in the set-up. There is a real need for the type of service they are capable of giving, and we trained women should learn to work with them.

One of the policies of every registry should be to provide service in amounts required by the public, from an hourly basis up to eight, ten, twelve, and even a resident service. If we ever hope to bridge the gap between the service we have to offer and the people needing but not receiving it, then we should not expect them to engage us for eight hours if they only require us for one or two. We need to develop a flexible service and a flexible group of workers. The combination of the registered nurse on an hourly basis, working in correlation with the full time practical nurse, the home-maker, or the visiting housekeeper, as the need may be, would go a long way toward overcoming economic ills of the great middle class, and would prove equally beneficial to nurses since such an arrangement would undoubtedly develop hourly nursing and step up the demand for our service.

There is the question whether or not registries sponsoring lay workers should assume some responsibility for their preparation and subsequently for supervision. I think they should, and furthermore I believe it to be in the best interests of professional registrants that they be supervised. There need be no apprehension of supervision if we would remember that supervision is not "snoopervision", not a matter of fault finding and undue checking, but rather a helpful hand to assist us in our weaknesses and to encourage good work. All successful organizations, institutions, and industries function under supervision. Permit me to point out the success of the public health organizations where the entire structure rests on the supervision of the service which is rendered to the public. Visiting nursing associations, which like ourselves, are concerned with bedside nursing, are subject to supervision and thrive on it.

Education in service is essential, and responsibility should be assumed by registry boards whereby registrants could avail themselves of such education. My reason? Because, if a community nursing service is going to recommend its registrants and authorize them to collect a stated uniform fee, they should provide the best up-to-date service. Procedures and treatments are changing, and new drugs are coming into the lime-light all the time. How much good would a nurse be who was called for a pneumonia case where an oxygen tent was in use if she had never seen one before? True, she is instructed when she takes over her duties, but there should be no need to waste the time of the ward supervisor or to utilize the time for instruction that the patient is paying for nursing service, and what would she do if she met with a similar problem in a home? Therefore, the board should seek to develop the registrant for the sake of her individual growth and increase her usefulness to the community by arranging lecture courses and institutes with practical demonstrations. They should not just be arranged—they should be attended.

Included in every registry policy should be a very definite record system of registrants, patients, publicity and

finance, in fact of the service in general. There should be a personal record in the individual nurse's folder that would begin when she made application to identify herself with the service and end when she resigned. It might include her professional qualifications; academic standing; post-graduate studies; languages she speaks. There should be a report from the superintendent of nurses of the school from which she is a graduate, and not one that says Miss Jones is average but a frank confidential report that will prove helpful in finding for that nurse the type of work for which she is best suited. The nurse's own selection of the work she prefers; the experience she has had; records of casework, of commendations and condemnations; her attendance at regularly arranged educational programmes, and many other records the knowledge from which would prove very beneficial:

To the Registrar, because it would enable her to produce the best person for the work and equip her to be of invaluable assistance to the registrants as advisor, counselor and friend.

To the Nurse, because we all do better work when engaged at something we prefer to do.

To the Hospital, because of the saving of time by the provision of a nurse familiar with specific work.

To the Public, because of more efficient service.

To the Doctor, because of keener observation, understanding and greater efficiency.

It would broaden the future scope of nursing service immeasurably if records set out, without guess-work, just what types and amounts of service are given by who to whom, and showed that Mrs. So-and-So could never get along with a Miss Yes-Yesser, while Mrs. Thus-and-Such may be coaxed but never driven. Think of the heartache and nerve-strain it would save patient and nurse alike to be able to tell from the card index that Mr. Smith abhors nurses with red hair, or Mr. Brown has chronic asthma that complicates all his other ailments. Think of the brain-wrack saved the board to read that this type of publicity was a failure, while that method of approaching the public brought results. The keeping of carefully compiled records would provide concrete evidence that the nurse's part in restoring patients to health from serious illness is a vital factor in our health programme of today.

Now a word about finance. Doubtless some of you from smaller centres believe you cannot afford to organize a registry. This may particularly be the echo from the private duty group, and to them I would say, we cannot afford NOT to. In centres where eight-hour duty is being done by the private duty group, employment has increased. But it will not last. No one would like to see the students have an eight-hour day more than I would, and I hope this can be accomplished during the coming year. Nevertheless, we must face the fact that just as soon as the supply is increased, our registries will again be flooded. *What we need is organization to increase the demand for our services.* A properly organized registry will step up the demand which would not only mean increased income but experience that leads to greater efficiency, efficiency that is bound to mean more frequent employment, and in this way we shall be afforded an opportunity to extend our clientele.

There are many sources from which revenue may be procured. The most staple one, of course, is the annual fee paid by registrants. When registries embrace visiting nursing organizations, revenue would be forthcoming from this source. Such an amalgamation

would also curtail expenditures since there would need to be only one set of records which would be made available to all groups, one office staff and one equipment. If integration of these services is not accomplished in the beginning of the set-up, then approach the visiting organization for the privilege of taking their night and holiday calls. Another source of revenue is from physicians who may wish to list the registry telephone number in the directory, along with their regular number. This service is becoming most popular and is proving quite satisfactory. There could also be assistance from community chest funds, Government and municipal grants, life insurance companies and organizations or persons interested in the betterment of community health, associate memberships at a small annual fee, and from the raising of funds by group effort.

We may organize and finance a registry, and in time offer the various services to the public, but if we do not advertise we will never sell ourselves as we should. One of the great weaknesses in the operation of registries is the lack of publicity. The grocer who arranges his goods at the back of the shelves or under the counter plays no part in educating people to use new products. He wonders why opposition across the street is always busy, while he spends considerable time craning his neck to see if the next passerby is going to come in and make a purchase. The man across the street is prosperous because he stocks what the people need, sells to them the quantity they desire and, above all, he advertises. He has made it his business to inform the public of the commodities he offers for sale, with the result that he sells them. We need to copy his pattern—stock what the people need, sell them the quantity they desire, and *advertise*.

What methods of publicity should we adopt? First of all, education needs to begin within our own ranks. The nurse, of all the medical group, has the most prolonged and intimate relationship with the people, therefore registrants should know and fully understand the workings of their own business office. These personal contacts reach tremendous numbers annually. They can be the best informative source of any. Second, women figure in a large percentage of all purchases made. We must reach them with information. Arrange with organizations and clubs for speakers. Third, contact the medical body through their local associations and hospital staffs, as well as personally. Follow this up with information by mail. Fourth, distribute circulars to industrial plants and stores. Fifth, provide exhibits for doctors, hospital and nurses conventions; local community health drives; women's club meetings; church bazaars. County fairs and exhibitions provide opportunities for displaying attractive exhibits. Sponsor films, and, of course, the medium of the press is always good, but costly. Publicity will produce results.

Community registries should preferably come under the direction of a Provincial Bureau of Nursing. If we are interested in being employed at the type of nursing we most enjoy; if we are interested in rotation of services, not only types but hours, holidays; if we are interested in supervision and classification which would provide opportunity for professional advancement in earnings and responsibility; if we are interested in meeting the nursing needs of the public; if we are interested in working on a salary basis—yes, I will even mention a retirement pension—well, let us get busy and work toward the establishment of a Provincial Bureau of Nursing.

We cannot accomplish this work in a day. It will necessitate perseverance over a period of time to realize the full extent of benefits that can be developed from such an arrangement. Establishing community registries is a step in the right direction. No group can obtain a complete set-up all at once. Each begins at a crucial point and develops as fast as circumstances will allow. Local conditions and opinion will have to determine the order of procedure, but let our slogan be—*Begin, and go as far as we can.*

The Hospitals of the World

This month, in the city of Toronto, a practical demonstration will be given of international co-operation and goodwill. From September 19 to 23 under the presidency of Dr. Malcolm T. MacEachern, the International Hospital Association will hold its meetings in the Royal York Hotel and, judging from the official programme, every phase of hospital activity will be discussed by experts. The magnificent contribution made by Dr. MacEachern to the development of hospital service in all its branches is known and appreciated in every country in the world. Canada, his native land, is proud of him and as Canadian nurses who have worked with and learned from him, we congratulate him on having attained the highest honour which the International Council has to give.

At the first plenary session, which will be held on the evening of September 19, a Pageant of Nations is to be presented under the sponsorship of the Canadian Nurses Association, the details of the production being under the direction of District Five, Registered Nurses Association of Ontario. This Pageant, which promises to be both beautiful and inspiring, will surely be an auspicious beginning for an international Congress of such great importance. Under the caption of *Notes from the National Office* in this issue of the *Journal*, detailed information is given concerning the educational exhibit prepared under the auspices of the Canadian Nurses Association by a committee working under the joint convenership of Miss Jean S. Wilson, Executive Secretary of the Association, and Miss Matilda Fitzgerald, secretary of the Registered Nurses Association of Ontario.

Immediately following the International Congress and equal to it in importance and magnitude, comes the convention of the American Hospital Association which also takes place in Toronto from September 25 to 29 inclusive. Details concerning the programme are not available at the time of writing but all signs point to stimulating and worthwhile sessions. Another Canadian, Dr. G. Harvey Agnew, will in his capacity as President of American Hospital Association direct the deliberations of this vast assembly. One whole morning is to be devoted to a discussion of hospital administration, as directly related to nursing, in which several Canadian nurses will take part.

During these eventful weeks Canada will be the centre of the hospital world and may confidently be counted upon to rise to this unique opportunity.

IN AN AFRICAN JUNGLE

In our recent African trip we covered about three thousand miles in fifteen days. The roads for the most part were quite good and we travelled at between 50 and 70 miles an hour but had one flat tire and got into a bog where we stayed for about three hours. We were on our way to a Hippo Pool and knew we were within a few miles, so while our driver snatched forty winks the natives dug out the car and the three of us started walking to the Pool through the jungle. We were not at all frightened as we started out, but after encountering kudu and monkeys, and either hearing or imagining we heard stealthy stalkers, we became almost paralyzed, but went nobly on. When we finally arrived at our destination we found no hippo. Another car, thinking we had been gone long enough, came after us. We were surprised to see by the speedometer that we had walked two miles through the jungle. On the way back we encountered a large group of baboons.

In the Game Reserve we came upon all kinds of game—impala, kudu, giraffes, jackals, warthogs, springbok, duiker, zebras, wildebeest, steenbok, klipspringer, and two lions right beside the road. It was simply thrilling. We all got some quite good pictures. My lions are really vicious-looking. We saw many birds too—a great many vultures. We stayed for two days but could not sleep there on account of the danger of malaria. Then we went on to Zimbawbee Ruins. It is most fascinating, full of mystery. I think I liked it best of all. We spent almost two days there and went leopard hunting in the moonlight! But we did not see any.

It makes you think hard when you see and examine the stone-work of both the Acropolis and the Temple. It must have taken thousands of slaves hundreds of years to built it. But no one knows how long ago or for what purpose. Then we saw several mines. The country is very rich in mineral —copper, tin, asbestos, gold, coal and emeralds. We were taken through a copper mine by moonlight and saw the whole process.

From Bulawayo in Southern Rhodesia, we went to Rhodes' Grave in the Matopos Hills. It is a magnificent location. He is buried in a massive rock, surrounded by boulders just as nature left them, and commanding a view which can hardly be imagined. It is all too wonderful for description. Then on to Victoria Falls. It, too, cannot be described, nor can it be compared with Niagara. The whole setting is so different—tropical growth, with monkeys and baboons playing about. The continuous sunshine makes a constant rainbow and then there is the lunar rainbow by night! The Victoria Falls Hotel is the last word as to service—service with a broad black smile. We took a trip through the rain forest, clad in our rain coats, and in spite of them we were soaked. But it was beautiful—a perfect trip—long to be remembered.

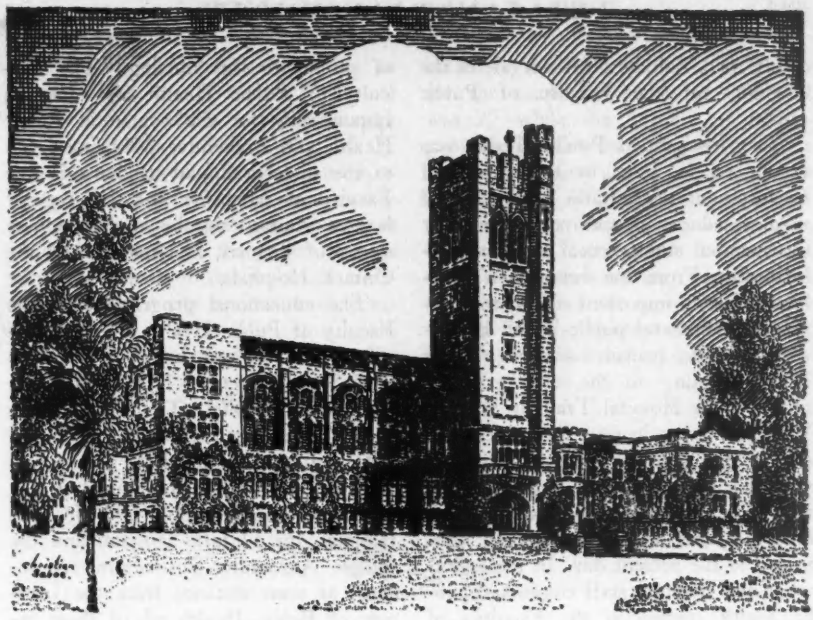
Editor's Note:

This article is an excerpt from a letter written by Miss Eugenie M. Stuart to Miss Jean E. Browne, and with Miss Browne's courteous permission, appears in the *Journal*.

From "Down Under"

My student nurses and myself are appreciating *The Canadian Nurse* very much. The nursing papers are a great and valuable international link and a bond of union between all nurses. It is a splendid inspiration to read of the great leaders in our noble profession even though we have no personal touch with them.

ELIZABETH M. GILLESPIE,
Westland Hospital,
Hokitika, New Zealand



Nursing Education at "Western"

MILDRED I. WALKER

Chief: Division of Study for Graduate Nurses, University of Western Ontario

The University of Western Ontario, located at London, Ontario, offers many inducements to the student who is seeking post-graduate courses in the science of nursing. London is a city of approximately 75,000 inhabitants and has long been recognized as the educational centre of Western Ontario. Primarily a residential city in which a large proportion of the residents own their own homes it is also remarkable for the number and variety of its industries; its public, secondary and technical schools; its university with its affiliated institutions and its hospitals. The University which is familiarly known as "Western" has recently celebrated its sixtieth anniversary and during these sixty years has become firmly established amongst the institutions of higher learning in Canada.

The University of Western Ontario is made up of three Faculties—Arts, Medicine and Public Health, each separate and independent from the other, besides being affiliated with several colleges located within the fourteen counties of Western Ontario which comprise the constituency of the University. The Faculty of Public Health is housed in the Institute of Public Health which is situated almost opposite the Medical School and directly adjacent to Victoria Hospital and the War Memorial Children's Hospital. The Division of

Study for Graduate Nurses is one of the Divisions of the Faculty of Public Health.

The Institute of Public Health was established in 1912 by the Provincial Government of Ontario in the aid of medical education and particularly for instructional and practical work in public health. From the outset it was believed that an important step in the promotion of general public health knowledge was to provide adequate public health training to the undergraduate nurses in the Hospital Training Schools. With this object in view the professional staff of the Institute undertook to provide such training for the undergraduate nurses in the Training Schools of the local hospitals and this has been continued to the present day. In the meanwhile the Institute staff conducted public health courses in the Faculties of Arts and Medicine and obtained an official connection with organized public health in Ontario through the establishment of a Branch Laboratory of the Provincial Department of Health in the Institute. This laboratory serves as a health centre for South Western Ontario and has grown to such an extent that it now reports on more than 100,000 laboratory examinations each year. The teaching staff of the Institute therefore consists of individuals actively engaged in public health work of an official character.

The Division of Study for Graduate Nurses was established in 1920 in response to a growing demand for graduate nurses especially trained in the field of public health. At the present time the nursing courses offered by the Faculty of Public Health include a five-year course leading to the degree of Bachelor of Science in Nursing and one-year courses leading to the certificate of public health, certificate of hospital administration or the certificate of instructor in nursing. The Faculty of Public Health also assumes responsibility for the course in Public Health and Preventive Medicine given to the undergradnuate students in the Faculty of Medicine and for regular lecture courses to the undergraduate nurses of Victoria, St. Joseph's and the Ontario Hospitals.

The educational programme of the Faculty of Public Health is greatly facilitated by the proximity of the Medical School, Victoria Hospital and the Children's Hospital. The headquarters of the local branch of the Victorian Order of Nurses and of the local Child Welfare Association are housed in the Institute itself. Although St. Joseph's Hospital, the Ontario Hospital and the Queen Alexandra Sanatorium are located at some distance from the Institute of Public Health all of these institutions are used for teaching and observation in the courses for graduate nurses.

The popularity of the nursing courses is indicated by the fact that it has been necessary to limit registration in the course leading to the degree of Bachelor of Science in Nursing to fifteen candidates per year. One finds, as has been observed elsewhere, that many candidates too young to enter training upon completion of high school are entering the nursing profession through the degree course. Each year we accept as many students in public health nursing as can be provided with satisfactory field work and the graduates from this course seem to be readily absorbed in its different branches. At the present time students of public health nursing are obtaining supervised field work covering the generalized and specialized fields in the cities of London and St. Thomas while the generalized programme of the smaller community is demonstrated in the towns of Ingersoll

and St. Mary's. Practical training in the work of the Victorian Order of Nurses for Canada is provided through the local staffs of this Order in the branches at London, Windsor and Kitchener. With these varied fields available for practical experience the student is fitted to serve in the generalized or specialized field of public health nursing, either in a city or in a small community.

The number of graduate nurses registered in the Faculty of Public Health for the academic session of 1938-39 was 27 while the number of undergraduate nurses receiving regular courses of instruction through this Facutly was 187. It seems apparent that the close cooperation which exists between this Faculty and the staffs of the Training Schools for Nurses of the local hospitals serves to stimulate registration in the post-graduate nursing courses offered by the University.



Why Draw the Line?

MARGARET DUFFIELD

President, Registered Nurses Association of British Columbia

Like the Irishman who always answers a question by asking one, I intend to begin by asking two or three. First, I should like to know whether, as public health nurses, we should make a distinction between curative and preventive medicine? Second, what is our conception of the inter-relationship between public health nurses, public health doctors, and private physicians? Third, what will be the scope of public health services in the future? All these are basic questions.

It seems to me that we should work toward a generalized programme of work, not a restricted one which omits nursing care. Opportunities for service would then be opened up which would still further broaden our scope. In the last analysis, it is the duty of the medical officer of health, the private physician and the public health nurse to see that the people of their community receive such services as lead to the promotion of health, early diagnosis, and the preventive and curative treatment of disease. This is why we must obtain not only the support of the lay member and the health officer but also that of the private physician, for unless we have his co-operation we fail in our attempt to give service to all who need it.

It would seem to be the responsibility of the health officer to work out a plan with the medical profession and public health nurses whereby the public may benefit from all that is best in the art of healing. Even under existing conditions it is no longer possible to draw a sharp line between prevention and treatment, for the members of the public have become so well versed in health matters that they are quite aware of their health needs. They have learned through propaganda issued by the health agencies, the radio, the press and other sources of publicity, that it is no longer necessary to have measles or mumps in childhood. And they know that medical and nursing care in the early stages of illness often prevents the development of serious disabilities and epidemics. What finer opportunity for teaching could the nurse have than that presented to her in the incipient stages of illness where she is giving bedside care?

Originally, public health work was chiefly concerned with the sanitation of the community; then its emphasis shifted to the control of infectious diseases, and again, to personal hygiene. Through each of these periods emphasis was still primarily on prevention, and the line which separated prevention from treatment was sharply drawn. Since a broader conception of public health has been developing, the line has become fainter, and all trends point to a broader public health programme, both from the medical and nursing angle. As far as can be judged, we should be prepared to abandon the separation between prevention and cure, for, as Dr. Parran, Director-General of Public Health in the U.S.A., says:

> I think we need to face the fact, however, that appropriating bodies, politics aside, are generous to concrete services and little impressed by theoretical benefits. Public health nurses had their beginnings in the care of the sick poor. In many places nowadays they have swung so far in the opposite direction that they are of no earthly use to the sick poor. Suppose we get back to the middle of the road and combine both the concrete and the educational functions of a nurse in one valuable person. I think you would find it easier to get more nurses where we need them, and to carry the lamp of public health nursing into the dark places. Suppose, too, we detour the nursing specialists from direct work with the family and gently but firmly keep them in their useful place as consultants to the community nurse. I firmly believe that not only the quantitative but the qualitative aspects of public health nursing, both the scope and the impetus of the whole public health movement would gain greatly by the simple expedient of following through consistently on the whole principle of the generalized nursing service. Let the public health or rather the community nurse be the answer to St. Paul's exhortation to be all things to all men. It is a large order, but she has filled large orders before and done it nobly.

Public health nursing is the newest branch of the profession and consequently has had many advantages over its older sisters in hospital and private duty services, but let us not get away from the fundamentals of our work in becoming rigid in our interpretation of what public health nursing should be. First, we must wipe out that fatal line which threatened to grow thicker, and not have one public nurse in the field who confines herself to conversation and has swung so completely in the opposite direction that she now rather despises the public health nurse who cares for the sick and attempts to educate by example as well as by precept. There are times, as we know, when techniques assume too great proportions and consequently they obscure the human factor. We then become too detached and are apt to forget that we are dealing with life and its functions as regards maintaining health.

We are all in the field of nursing for one purpose, which is to maintain health and prevent disease, and while we have been calling ourselves health teachers and developing preventive techniques, let us remember that the very people whom we have been teaching have started to demand certain services to the need of which they have been awakened by the teaching which they have received. Health needs have become highly diversified, and no longer is the public health nurse who restricts herself rigidly to conversation able to convince as easily as the public health nurse who cares for the sick and educates by example as well as by precept. So let us look at ourselves and take stock of our credits and debits before the lay public do it for us.

It has already been made clear to us by the public that we cannot any longer continue to think of the "separateness" of preventive and curative efforts to reduce death and disease. Each contributes to the health of the individual and the nation; all are parts of the same entity. They do not always function smoothly, but if we are concerning ourselves with health we must see that they run as a team and have no dividing line between them. We must be prepared to meet the demands made upon us and not be afraid of change, or cling to something which we imagine increases our prestige. For this reason, we must have fearless leadership, and I will again quote from Dr. Parran who says:

It is not that we do not think we are doing everything to gain popular support. During the last decade our techniques have included salesmanship. May I be forgiven for saying that sometimes it is too suave, too tactful, too self-conscious for effective functioning? I would only remind you that among the reasons why the light from the lamp of Florence Nightingale shone far was because she was known to be perfectly ready to throw it at anybody who stood in the way of righteous progress. She is remembered for the good works because she had a clear eye, a pungent tongue, and a heart so filled with wrath at needless suffering that she spared no one, no matter how highly placed, who might be responsible for it. Individually, there are few of us who can be Florence Nightingales. Our little voices would be lost in the contemporary din. Compositely, through the organizations which represent us, we can all have part in leadership. If we lead fearlessly, our good works also will be remember.

So to achieve our goal that all may have an equal opportunity for health and good nursing and medical care, we should see that there is an increasing degree of wholehearted co-operation between health officers, private physicians, public health nurses and the welfare agencies of the community.

"MISS MARY'S TOOK BAD"

Along a coastline of some seventy miles there were only two of us to answer all the calls at the dispensary and pay visits to the homes. When it was not a baby coming, there would be Jim D's wife with a terrible cough, a pain in her side and "feelin' wonderful hot" or simply the call, "Do come, Miss Mary's took bad".

All day Friday I had been busy—first thing in the morning a fisherman had arrived at the door with his arm in a sling, wrapped from fingers to elbow like a baby. The unwrapping disclosed a hand all swollen out of shape, a bread poultice offering food and moisture to the infection in his thumb. "Yes Miss, a fish-hook did it three days

ago". Hot soaks, with a nap or two in between, kept him all day at the Station. Half a dozen children trooped in for their third dose of diphtheria toxoid. A tired little mother trudged four miles carrying her baby for us to weigh, and advise her about feedings. Two chubby, but not too clean, little lads came in with suspicious scabs on their chins. "Any others in your school like that, Mac?" "Yes Miss, three of the girls". Treated and advised they marched off, promising to send the girls in tomorrow. Then a couple of men came to get teeth "hauled". One protested loudly all the while, but the other saying little, quietly slid to the floor in a heap as the last tooth came out.

Between patients' visits, there had been one or two insistent telephone calls from a mother about twelve miles away asking repeatedly that a nurse come to "sound" her sixteen-year-old daughter. No details could be extracted, but just "I'd like you to come, Miss". Each time I explained how busy I was, tried to tell her that without some more details of the trouble I could not go. It did not really sound serious, and I had somehow almost forgotten her as I sat enjoying a good dinner before the fire in our shabby but comfortable living-room. Then as a bearer of bad news Johanna, our little handmaiden, brought in a note from a boy at the door. Many such notes coming to us are difficult to understand, but in this the serious details startled me. I hurried out to question Sam, age nineteen, husband of the sixteen-year-old subject of many telephone calls. I asked about mode of travel. "No Miss, we ain't got no boat". The state of roads and the route to take were hastily discussed as I pulled on a pair of rubber boots, grabbed my bag and flashlight and started off just at dusk, with a stiff breeze blowing, to walk the twelve miles. Sam avowed that if we crossed the "mesh" it would cut off three miles. I was dubious—knowing little of the trackless, boggy marsh. However, three miles of facing into the wind changed my mind, and as Sam kept repeating "I knows every step of the way, Miss", I hesitatingly turned off the road just as dark descended upon us.

On we tramped, sometimes tripping over fallen logs, several times going into boggy holes over our knee boots; but not till I heard a suspicious sound from my guide were my fears aroused. On questioning the noble Sam I got between sobs "I ain't right lost Miss, I just can't find the path. She's gone!" We floundered about through ponds, low brush and into bogs and out again until I was too tired to care where we were. The only redeeming feature seemed that we were in a sort of natural basin and out of the wind. Finally I said "Now Sam, I'm going to be pilot for a while. We're both lost but I believe if you follow me we'll come out somewhere". I felt the courage of my convictions because in the distance I thought I could dimly hear the surf on the land wash. With that sound before us we started off, and what a tramp through thick brush and undergrowth till out we came, almost at the door of the houses in Little Bay, two miles only from where we had left the road five hours before!

I was tempted to go into Uncle Ab's for a rest but I resolutely set my face into the wind and on we went, following the shore line for the ten miles we still had to go. We arrived before daylight, and I staggered across the door-step of a completely darkened house. Everyone was in bed and asleep, but on rousing the mother I was calmly informed that her daughter had taken castor oil and was "all well". The note she had sent me had been written two years before describing the symptoms of an aged aunt!

I turned limply to Sam and said, "Young man, build it, steal it, or borrow it, but get a boat to take me home, in two hours. I'm going across the road to old Aunt Polly's for a nap". Sure enough a motor boat was produced and I was taken home in state, arriving in time for a bath and several cups of coffee, to brace me for another busy day.

Editor's Note: The author of this article is Miss E. G. Graham, secretary of the Grenfell Labrador Medical Mission. It first appeared in the Year Book of the Alumnae Association of the Calgary General Hospital and is reprinted by their courtesy.

A New Way with Fractures

Countrymen will note with satisfaction that industry is solving one of its gravest problems by a wise interpretation and application of country-life principles in a district as far removed as possible from the countryside. In Dockland an interesting and successful experiment is being carried out which recreates as far as possible for sailors and dock-workers conditions which will accelerate their rehabilitation after they have been injured, and the inspiration for the experiment came from a comparison between conditions and results in similar cases when these were divided between town and country.

Apart from the distress and inconvenience of sustaining an injury the chief source of anxiety for the workman is worry whether he will be able to get a job afterwards. Otherwise the chance knock which has temporarily incapacitated him may be only the first in a series of misfortunes ending in the misery of permanent unemployment. To avoid that men are often tempted to seek work before they are physically fit, with the result that they are often thrown badly back on the path of recovery. The extent and nature of the whole problem of rehabilitation after injury began to be realised a few years ago when Mr. H. E. Griffiths, the well-known Harley Street surgeon, investigated an insurance company's records of a large series of industrial injuries. The gap between the discharge of an injured man from hospital and the date at which he again took up remunerative employment was a disturbingly long one—sometimes as long as four years. The second fact that emerged from the analysis was that townsmen, even when they had the benefit of treatment at the most up-to-date hospitals were much slower in returning to normal life than countrymen. It was an estimate of the principles involved in this contrast that led to the successful experiment now being carried out by the Seamen's Hospital Society at the new Albert Dock Hospital which was opened recently by Queen Mary. The conclusion arrived at was that the difference between the recovery of the townsman and the countryman was a reflection of the difference in their diet and in the way they spent their enforced leisure.

The countryman, faced with the prospect of living on a modest weekly allowance of compensation money, enjoys his first advantage to the fact that he is often to a large extent self-supporting. He grows his own vegetables, perhaps keeps fowls, and gathers his own firewood. His rent is less and his food is cheaper. Not only does he benefit in diet. He finds himself in circumstances which compel him to take gentle exercise almost involuntarily—and that is the secret of rehabilitation. His first movement, as he sits outside his cottage after leaving the hospital, may be to stoop down and pluck up a weed. He certainly does not think to himself, "the process of rehabilitation has begun" but it has, and it is carried farther with every odd job which he does about the house and garden, or every time he strolls down to the village, unconsciously exercising the injured limb.

The townsman by contrast has to meet all his needs from his compensation money. Without a garden he often has to go without necessary nourishment and misses also the beneficial exercise, for whether he goes to the cinema, the dog-races, the football match or the dirt-track, he spends money and gets no exercise. When the money is spent he sits at home and is easily a prey to anxiety neuroses. That is the situation

which the Albert Dock Hospital is designed to meet, and the principle which is being applied is that getting fit is a whole-time job. It is a principle which seeks to reverse John Abernethy's famous 150 years old dictum: "Keep the injured part at rest" and to substitute for it the advice: "Keep the injured part at work." The model fracture-clinic at the Albert Dock, based on this idea that getting fit is a whole-time job, cares for the injured man from the moment he meets with his accident until he is fit to return to his full pre-accident work. Since the hospital is situated in Dockland the authorities have to make it their job not only to set fractures and get limbs working again, but to see that the patient is properly fed. Normally hospitals deal with many cases in their out-patients' department which are slow to progress and consequently tend to become unemployed simply because of undernourishment. At the new fracture-clinic patients are fed at the hospital.

If a man who has entered the rehabilitation period wants breakfast he arrives at 8.30 a.m., otherwise at nine o'clock. He is kept busy in the gymnasium till 4.30 p.m. every day. Ostensibly all he is encouraged to do is to play games under the eye of an instructor. Actually, like the countryman, he gets exercise without realising it. The ample mid-day meal includes free beer! This is supplied by a rota of voluntary hosts who are interested in the experiment. The cost of breakfast and the mid-day meal is not deducted from a man's compensation pay, and the hospital extends its duties by employing a fracture secretary to ensure that each man finds work as soon as he is fit. A visitor to the gymnasium, which is well equipped with locker room and shower baths, sees the men engaged in an interesting variety of activities. But the gymnasium is not equipped with the ordinary type of apparatus. All the exercise which the men take is in the form of games, which are all as far as possible, competitive. This is well illustrated by the rowing-machines. The ordinary machine is fixed, and the job of rowing it is not only dull but can also be very strenuous. In the clinic the rowing-machines are mobile. With each complete stroke they progress about one inch, and the rower can eventually travel from one end of the gymnasium to the other. When relay races of four a side on two machines are arranged the event may still fall short of the Derby in thrills, but interest verges on excitement, as they say on the Stock Exchange. Another feature of the machine is that very little effort has to be made to work it, the aim being to achieve rhythm of muscular movement rather than exertion.

Many of the other new features at the hospital are of great interest. The hospital possesses, for instance, its own ambulance, with special stretchers fitted with slings so that they can be lowered by a derrick into a ship's hold. Accident cases are driven direct into a heated "shock room," the stretcher is drawn on to a couch and a thermostatically controlled radiant-heat bath, suspended over the couch, can be lowered over the patient as soon as he is brought in. A striking feature of one of the operating theatres is the dark room where films can be developed, which have been taken during the operation, and displayed for the surgeon to see without being brought back into the theatre. They are exhibited from the dark room on a screen which can be seen from the theatre. In this way a radiogram required in the course of an operation can be taken, developed and displayed in 85 seconds.

The fracture clinic at the Albert Duck embodies much experience gained in America, particularly at Pittsburgh, under O'Neill Sherman. Sherman is the

head of the medical service of the Carnegie Illinois Steel Trust, and his great success there is in part due to two material advantages which he enjoys. In the first place the men he treats are kept on their full wage during their period of incapacity, and secondly, as soon as he thinks they are fit to do any form of work he is able to find them the ideal job because of the dictatorial powers he enjoys, which enable him to ring up the mills, and name the job he wishes the man to do. This job, then, has to be found. In its main features, however, the Pittsburgh clinic resembles its counterpart at the Albert Dock, in that both embrace the whole of the organisation for handling the man from the time of his accident until he is back at work.

In England the Shipping Federation and the National Union of Seamen are giving the project their active support, and without it the clinic could hardly hope to succeed, for men will not put their heart into efforts to get well if success only means joining the ranks of the unemployed.

Editor's Note: This interesting sidelight on a new way with fractures is quoted from an article written by Frank Singleton which appeared in the famous English periodical, "The Spectator".

By Precept and Example

Among our nursing leaders are some women whose influence makes itself felt not only by their professional competence, but also by virtue of the sincerity and beauty of their daily lives. In such a company Gertrude Garvin has an honoured place, and upon the occasion of her retirement her friends and fellow-workers gave ample proof of their gratitude and affection. Among the many social events at which she was a guest of honour was the dinner tendered by the Alumnae Association of the School of Nursing of the Ottawa Civic Hospital to the graduating class of 1939. Upon this happy occasion, representatives of two other Alumnae Associations also participated, namely the Lady Stanley Institute, and St. Luke's Hospital. All three Associations united in paying a tribute to Miss Garvin which sums up the splendid contribution made by her during the later years of her professional career:



GERTRUDE P. GARVIN

We realize and appreciate your outstanding contribution to nursing in the actual care of the patient, the training of the nurses, and the nursing activities in which you took an active part and in which you encouraged many of us to be interested through our Nursing associations and post-graduate preparation. In your work as assistant superintendent and instructor of nurses at the County of Carleton, Protestant General Hospital, and as superintendent of nurses at the Strathcona Hospital, the nurses who were trained by you, some fifteen hundred at least, know that you always stood for high ideals, good honest work, sympathetic kindness and attention to patients. You taught us how absolutely necessary it is to be observant and ready to meet the danger signals in the acute infectious diseases of little children. We also know that you have meant much to the parents who have had to go down into the shadows.

You have always been in the fore-front of public health teaching and community activities for the welfare of the public, as evidenced by your work in the Y.W.C.A., as President of the Board of the Shernfold School, as a member of the Daughters of the Empire and of the American Red Cross, and the Overseas Nursing Sisters Association. In asking you to accept this silver tray as a token of our gratitude and affection, our very best wishes are extended to you and we hope that you will have many happy days in which to enjoy your friends, the things you want most to do, and the beauties of this world.

Miss Garvin was born and educated in Ontario and is a graduate of the School of Nursing of the Boston City Hospital. From the outset she was much interested in psychiatric nursing and, after taking a post-graduate course, later became superintendent of nurses at the Boston Psychopathic Hospital. When the United States entered the world war, she enlisted with the A.E.F. military nursing service in the psychopathic division, and rendered outstanding service as Chief Nurse of a Base Hospital in France devoted to the care of psychopathic patients.

In 1920 she accepted the position of Lady Superintendent at the Strathcona Hospital in Ottawa and the record of that twenty years has already been set down here by her associates. During those years it was her privilege and pleasure to take an active part in planning a residence for nurses which is a model of simplicity and comfort. It stands in a lovely garden, sloping down to the Rideau River. Many of the trees and flowering shrubs Gertrude Garvin helped to plant with her own hands. Nothing could be more characteristic of the woman.



STUDENT NURSES PAGE

A Lesson in Humanity

M. S. WATSON

St. Boniface Hospital, St. Boniface, Man.

She laid back against her pillows and gazed up at me bravely. Ever since the doctors had examined that hard lump in her breast, and said "cancer", her eyes had held the haunted expression of one who has at last been brought face to face with the realization that her days are numbered. Pale and weak, she lay there, fighting for every breath, a woman who should be in the prime of life, a woman with a devoted husband and lovely daughter, a woman who had earned by dint of great self-giving every right to happiness and comfort. But instead she is yet another victim of that dread marauder who menaces the lives of countless thousands.

What was that she was saying? I leaned forward that I might catch every word "such a little thing . . . just a tiny lump, that's all, nurse . . . you would not think it was anything to be alarmed about, would you? And I? What was there I could say? She had told me earlier how she and her husband had struggled to put their only daughter through college, in order to give her the education which they themselves had been denied. And it had been well worth-while for recently Ruth had obtained work which offered splendid opportunities for advancement; her future, at least, would be secure. But meanwhile that little lump had been growing. Whatever could it be? Doubtless nothing much, for she felt alright. Perhaps it would be wise to ask the doctor about it anyway. But there were so many expenses to be met that month, and Ruth's tuition fees had taken all their savings. Next month, perhaps business would be better.

But next month business was not better—nor the next—and so four months went by. Four months out of a lifetime. What difference could it make? Why, it had taken years to realize some of their fondest hopes and ambitions. They had worked hard and they knew life's joys and sorrows. Sickness and poverty were not unknown to them. They had learned to wait, and hope. No, there was no need to worry. Still, it would be just as well to see what the doctor had to say.

Cancer? Far-advanced? She could hardly believe her ears! This must be somebody else, it could not be happening to her. True, Mrs. Brown across the way had died last year from cancer —but that was Mrs. Brown. "O God, don't let this happen to me!" Why

hadn't she come earlier to see the doctor! Why? Because she did not have the money? If she had only known what it was she would have managed somehow. Was it already too late? Was not there something the doctor could do? How was she to know what it was? Was she now to be robbed of all that she had worked for, just when it was almost within her grasp?

How many others have met a similar fate? More than you think. Time and again, we find the seeds of sickness and misery have been sown in poverty and ignorance. There are many people with false standards — people who have learned too late that money is not everything — that health cannot be bought or bargained for. And then too, there are those pitiful cases where ill-health has resulted from ignorance, coupled with the inability to think and act constructively. So many people who "don't know", people who are ever waiting to be told what to do, people who put off too long the seeking of competent advice.

Are we then, as nurses, such superior beings? Are we going to remain aloof from those less fortunate, or are we going to turn and lend a helping hand to those who are climbing up behind us. It is our duty to realize that any uplifting of our fellow-men can only be achieved by broadening their horizons, by showing them how to live life to its fullest, with a maximum of health and happiness. No human being was ever intended to live in fear and misery, in want and suffering.

Nurses, I say to you: "Both by what we do and by what we say, let us *teach*". One small suggestion of ours may seem such a little thing, almost too insignificant to even bother about. But remember that life is made up of little things. Don't let any one of them pass unnoticed. Of course there will be times when you are at a loss as to what to say—times when you don't know. Believe me, therein lies your opportunity. Take advantage of the opportunity to find out, for you have ready access to whatever it is you want to know. Now is the time to pursue your search for knowledge, and it won't be simply in order to make a pass on your examination paper. Your purpose will be far more glorious than self-renown—it will mean showing people how to live, teaching them real values in life. It will mean doing away with poverty and ignorance. It will be a lesson in humanity to all mankind.

OBITUARIES

Ada Jackson Strickland died after a short illness, on July 22, 1939, at her summer home at Bellevue, Lac Nominingue, P.Q. Mrs. Strickland was a graduate of the School of Nursing of the Western Hospital, Montreal and a member of the Class of 1922.

Lyle Doris Willis died on July 19, 1939, after a brief illness. Miss Willis was a graduate of the School of Nursing of the Montreal General Hospital, and a member of the Class of 1930. After completing a course in public health nursing at the McGill School for Graduate Nurses she was appointed to the staff of the Montreal Branch of the Victorian Order of Nurses for Canada. She will long be missed by her associates in the Order and by the families in Montreal to whom, for five years, she gave such devoted service.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

General Meeting 1940

The Twentieth General Meeting of the Canadian Nurses Association is to be held in Banff Springs Hotel, Banff, Alberta, from June 24 to 29, 1940. Monday, June 24th, will be reserved for meetings of the Executive Committee.

Members of the Association who have long desired to spend some time in Banff, one of Canada's most delightful mountain resorts, should plan to attend. The Management of Banff Springs Hotel offers greatly reduced rates for the week of the General Meeting. These rates per day are: single room, $9.00; double room, $7.50 each; three or more, $6.00 each, on the American Plan, which includes three table d'hote meals daily.

The Committee on Arrangements has been selected from the hostess organization, the Alberta Association of Registered Nurses. The committee is well organized under the convenership of Miss Kathleen Connor with conveners appointed to the following sub-committees: registration, Mrs. A. E. Vango; housing and accommodations, Miss Mary MacLear; housing, Religious Sisters, Sister Mansfield; transportation, Miss Mary Watt; information, Miss Thorne; Overseas Nurses, Miss Marion F. Lavell; Alumnae functions, Miss Margaret Fraser; publicity, Miss Eleanor MacPhedran; exhibits, Miss Agnes Macleod; entertainment, Mrs. Elizabeth C. Straker, assisted by: Miss Kathleen Connor (banquet), Mrs. Winstanley (flowers) and Miss Rae Chittick (executive entertainment).

The Programme Committee, convened by the President, Miss Grace M. Fairley, includes: The chairmen of the three National Sections—Private Duty, Miss Margaret Teulon; Public Health, Miss Margaret Kerr; Nursing Education, Miss Agnes Macleod; the convener of the National Committee on Education, Miss Marion Lindeburgh; the convener of the Committee on Arrangements, Miss Kathleen Connor; the Honorary Secretary, Miss Kathleen Sanderson and the Executive Secretary, Miss Jean S. Wilson.

International Hospital Association

The formal opening of the Congress of the International Hospital Association will be held in the Concert Hall, Royal York Hotel, Toronto, on September 19 at 8 p.m.. An outstanding feature for that evening's programme will be the Pageant of Nations, portraying the Care of the Patient. The Pageant is sponsored by the Canadian Nurses Association. The Association is greatly indebted to the members of District 5, Registered Nurses Association of Ontario for accepting the responsibility of all details in connection with production of the Pageant.

Also the Association will occupy a booth among the educational exhibits. That exhibit has been prepared by a Committee consisting of Misses Winnifred Chute, Freda Fell, Edna Moore, Agnes Neill, Cory Taylor and Irene Weirs with the Secretary of the Regis-

tered Nurses Association of Ontario, and the Executive Secretary, Canadian Nurses Association, joint Conveners.

The Congress of the International Hospital Association, which will be held at the Royal York Hotel from September 19 to 23, will be followed by the annual meeting of the American Hospital Association, September 25 to 29, at the Fair Grounds, Toronto.

An Acknowledgment

The appreciation of the Canadian Nurses Association is expressed to the F. W. Woolworth Co. for the withdrawal from sale of a greeting card to which exception had been made by representative groups of nurses in Regina, Saskatchewan, and in Montreal, Quebec. The card in question has been removed from sale in all stores of the F. W. Woolworth Co. in Canada.

Florence Nightingale International Foundation

Sir Arthur Stanley, treasurer, Florence Nightingale International Foundation, has expressed the thanks of the Foundation to the Canadian Nurses Association for the latter's sixth annual contribution to the Endowment Fund and for providing a scholarship for a student from Canada. Sir Arthur has written thus:

On behalf of the Florence Nightingale International Foundation, I should like to thank the Canadian Nurses Association for their generous donation of £250 to the Endowment Fund. This sum brings the total sum subscribed by the National Florence Nightingale Memorial Committee of Canada to £1,505. 8. 2.

Our Endowment now stands at approximately £14,000 and has recently had a considerable increase owing to generous contributions received during the meetings of the Grand Council.

Although the Fund is growing with a healthy steadiness it does not as yet provide us with the very needed income required for administration and I have had the unpleasant duty recently of informing the Grand Council of our serious annual excess of expenditure over income. I am therefore more than grateful to the Canadian Nurses Association for their generous support and also for their assistance this year in sending a scholarship student to the Course . Were it not for the steady financial support contributed by your Committee, and others, during these early years, the International Memorial to Florence Nightingale could not have been so successfully launched.

The generous contributions to which Sir Arthur makes reference are:

The International Council of Nurses:	£1000
The National Florence Nightingale Memorial Committee of South Africa	£2000
The National Florence Nightingale Memorial Committee of the United States of America	£2136 ($10,000)

Also Miss Olive Baggallay, Secretary of the Foundation, when sending an official receipt in acknowledgment of the recent remittance of £500 which was forwarded on behalf of the Canadian Nurses Association by the Canadian Florence Nightingale Memorial Committee, writes:

I know that you will be pleased to hear that we have had some very profitable

meetings of the Grand Council as well as of the Board of Directors of the I. C. N. I think that in the last ten days the Foundation has made a very definite step forward and that we have our policy clearly conceived for the next two years

Miss Fairley very ably presented the point of view of the Canadian Committee as to educational policy and I am most grateful to her for having given the Grand Council the opportunity of discussing this.

I am extremely grateful to you and to your Committee for their steady and sincere support, and I am looking forward to our continued co-operation in the work.

The educational policy to which Miss Baggallay makes reference was embodied in a resolution adopted by the Canadian Nurses Association in General Meeting, 1938 i.e.,

Whereas the Canadian Nurses Association has completed the five-year pledge towards the support of the Florence Nightingale International Foundation, and whereas it is desirable that this support be continued, therefore, be it resolved, that the pledge of financial support be renewed for a further period of four years, this to be up to and including 1942, with the hope that before that time is expired steps will be taken to the end that the Florence Nightingale International Foundation will drop the idea of promoting a course of its own and, in place of that, will work directly through some school, or college, or teaching department of nursing in London; because the purpose of the Florence Nightingale Foundation is to promote advanced study of nursing and nursing education.

International Students

Two members of the Canadian Nurses Association are enrolled for the International Course, 1939-40, and are now in residence at International House, London. These nurses are Miss Mary E. Henderson, of Vancouver, the Canadian Nurses Association Scholarship Student, and Miss Laura Lambe, of Toronto.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Manitoba:	
Brandon Association of Graduate Nurses	$5.50
Central Tuberculosis Clinic	1.50
Elizabeth M. Crowe Hospital, Eriksdale	.75
Ethelbert General Hospital, Ethelbert	1.00
Margaret Scott Nursing Mission, Winnipeg	1.25
Private Duty Nurses	1.00
Special Nurses, Winnipeg	1.00
Staff, Nurses Central Directory and Manitoba Association of Registered Nurses	1.25
Staff and Students, Dauphin General Hospital, Dauphin	5.00
Staff, Vita Hospital, Vita	1.25
Staff, Winnipeg General Hospital, Winnipeg	13.00
Students, Winnipeg General Hospital, Winnipeg	5.00
Swan River General Hospital, Swan River	1.00
Winnipeg Social Service and Admitting Office	1.25
Winnipeg Record and X-ray Department	1.75
Ontario:	
A.A., Belleville General Hospital, Belleville	5.00
A.A., General and Marine Hospital, Owen Sound	10.00
A.A., Memorial Hospital, St. Thomas	10.00
District 7, Registered Nurses Association of Ontario	10.00
Graduate Nurse Staff, Ontario Hospital, London	12.00
Student Nurses, Ontario Hospital, London	5.00
Quebec:	
A.A., Homoeopathic Hospital, Montreal	10.00
Nursing Staff, Shriners' Hospital, Montreal	5.00

AN APPRECIATION

There are few, if any, who have made a greater contribution to the History of Nursing than Miss A. M. Bushby of the British College of Nurses. In her delightful office, at 19 Queen's Gate in London, there is a historical collection that is unequalled. Miss Bushby is not only a collector of great acumen, but has the happy faculty of searching out and finding the choice things that many of us would give much to possess.

But it is her generosity and thoughtfulness that makes Miss Bushby a great woman. Nurses from any country and of any grade of experience (or inexperience!) will always find a warm welcome if they are interested in the history of their profession. Her collection includes some old prints, as well as original letters of Florence Nightingale, Sir Sidney Herbert, and many others who have played a part in the development of Nursing. There are also first editions of many of Miss Nightingale's writings and some of her unpublished manuscripts. Delightful porcelain and pottery, representing various epochs in British history are worthy of a museum and one feels the richer for a few hours spent with Miss Bushby in her sanctum — hours always graciously given. Her interests are by no means limited to Britain, for she is ever ready to give of her knowledge and expert opinion to nurses from any country — although she keeps a warm spot in her heart for those of us who come from the Dominions.

G. M. F.

BUILDING FOR THE FUTURE

The Brantford General Hospital has for many years been looked upon as one of the leading hospitals in Ontario and, in order to meet the ever increasing demands made upon it, a large addition, to be known as the Terrace Pavilion, is now under construction. An interesting ceremony marked the laying of the foundation stone, and at this time a well deserved tribute was paid to Miss E. M. McKee, as superintendent of the Hospital.

Miss McKee's reputation as a hospital administrator extends far beyond the confines of her own Province and her activities are by no means limited to this particular field. Her interest in the advancement of nursing education has been demonstrated in many ways, especially in relation to the building up of the Permanent Nursing Education Fund of the Registered Nurses Association of the Province of Ontario. In more ways than one, Miss McKee has seen to it that this new foundation stone at the Brantford General Hospital shall indeed be "well and truly laid".

VICTORIAN ORDER OF NURSES FOR CANADA

The following staff appointments and resignations have taken place in the Victorian Order of Nurses for Canada:

Miss Della Thompson has resigned from the East York staff and from the Victorian Order of Nurses for Canada.

Miss Mary Scott has resigned from the Hamilton staff and from the Victorian Order of Nurses for Canada.

Miss Hazel Cryderman and *Miss Marjorie Ruth Cameron*, both recent graduates of the course in Public Health Nursing given at the University of Western Ontario, have been appointed to the staff of the Victorian Order of Nurses in Oshawa and York Township respectively.



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BOOK REVIEWS

INTRODUCTION TO THE PRINCIPLES OF NURSING CARE, under the general editorship of MARTHA RUTH SMITH, M.A., R.N., Assistant Principal and Supervisor of Instruction in Nursing Practice, Massachusetts General Hospital, Boston, Mass. Science Advisor, Jean Broadhurst, Ph.D., Professor of Bacteriology, Teachers College, Columbia University. Second edition, revised. Published by the J. B. Lippincott Company, Canadian office: 512 Medical Arts Building, Montreal. 661 pages. Illustrated. Price, $3.00.

The contributing authors and their respective topics are as follows: Anne L. Austin, M.A., R.N., Nursing in Its Community Relationships; Sister M. Berenice Beck, Ph.D., R.N., The Patient; Mina A. Boober, M.A., R.N., Nursing Care Reports; Jean Broadhurst, Ph.D., Scientific Principles the Basis of Nursing Procedures; Katharine J. Densford, M.A., R.N., Nursing in its Personal Relationships; Charles P. Emerson, M.D., This Human Body; Ann H. Gardiner, M.S., R.N., Creating and Maintaining the Right Physical Environment; Agnes B. Meade, B.S., R.N., Clinical Recording: Observations and Treatments; Martha Ruth Smith, M.A., R.N., Planning Nursing Care; Florence K. Wilson, M.A., R.N., Disorders and Conditions Demanding Nursing Care; Lulu K. Wolf, B.S., R.N., Principles of Remedial Nursing Procedures.

Although it is only two years since this book was first published, its success has already made a second edition necessary. From the outset the book was recognized as important because it broke new ground and differed in concept, in approach, and in context from other comparable texts. Emphasis is placed on principles rather than upon method and if the student is guided in using the book intelligently, she not only learns *how* to do things but also *why* she ought to do them. The result is that she develops resourcefulness and initiative as well as technical skill.

In the revised edition the value of the book has been enhanced by the inclusion of a chapter dealing with the care of the acutely ill patient which serves to bring about a closer integration of the book as a whole. Multiple authorship has the advantage of permitting the presentation of specific topics by experts, but unless the various units are related to one another unity is lost. In this respect, the second edition is superior to the first. For the benefit of instructors, a special "teacher's edition" is now available which incorporates a twenty-seven page teaching outline, prepared by Martha Ruth Smith. Helpful though the outline is, the book remains a distinct challenge to instructors. They, like their students, must think for themselves if they are to make full use of a stimulating and unusual text.

E. J.

NURSING IN SICKNESS AND IN HEALTH, by HARRIET FROST, R.N., Associate Director, The New York Hospital School of Nursing, and Director of Public Health Nursing. Published by the Macmillan Company of Canada, 1939. 217 pages. Illustrated. Price $2.00.

Within the past few years, considerable progress has been made toward the incorporation of public health and social elements into the curriculum of nursing education. One of the best examples of this process of integration may now be observed in actual operation at the New York Hospital School of Nursing and, thanks to Miss Frost's illuminating book, other schools may now share the fruits of this notable experiment. Miss Frost makes it clear that this plan is not presented as a model and cannot be transferred, as a whole, from one situation to another. Nevertheless, a careful study of it will prove most helpful to directors and instructors in schools of nursing where such a course is already being given, or is in process of organization.

The first chapter deals with the general educational philosophy which, as the author says, "should permeate every course of study and find application in every service of the hospital." The evolution of the modern curriculum is traced with clarity and skill, and a timely warning is given against placing undue emphasis upon academic attainment to the possible detriment of other important values. The remainder of the first part of the book deals with the various subjects upon which the course is based. The chapter on Health Nursing is an excellent introduction to the functions of the nurse as a teacher. Mention should also be made of the penetrating analysis of the relationship between nursing and social service.

The second part of the book consists of a lucid exposition of the course as it is now given at the New York Hospital. This is followed by a statement concerning the administrative problems which are necessarily involved. Practical suggestions are made regarding affiliations and, as possible alternatives, co-operation with various services within the hospital or with public health nursing agencies. After examining this outline, it is interesting to revert to the earlier chapters and to read, once more, the studies and reports made by students actually taking the course. There could be no better index of its immediate stimulus and ultimate value.

E. J.

A TEXTBOOK OF PSYCHOLOGY, by MAUDE B. MUSE, A.M., R.N., Associate Professor of Nursing Education, Teachers College, Columbia University. Fourth edition, revised and entirely reset. Published by the W. B. Saunders Company, Canadian Agents: McAinsh and Company, Limited, Toronto. 484 pages. Illustrated. Price, $2.75.

No matter what field of nursing practice she may elect, the modern nurse must, for practical purposes, keep herself informed of the significant shifts in emphasis which have taken place in the concepts and theories of psychology. For many years Miss Muse has been regarded as a notable teacher of a sub-



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ject which many nurses find somewhat baffling. Successive editions of her textbook have been widely used in schools of nursing and this revised edition will enhance her reputation for sound thinking and clear statement. Miss Muse is an able exponent of the *adjustment-aim* in nursing education and herself uses this method in her presentation of actual nursing situations and the psychological response which the nurse should make to them. Special mention should be made of the new chapter devoted to a discussion of the current psychological schools. Miss Muse has succeeded admirably in interpreting, and even to some extent reconciling, theories which to the ordinary reader appear hopelessly contradictory of one another.

E. J.

Correspondence

Monomania

Notice is hereby given to all nurses with an active imagination, to seriously consider what may befall them should they heed the requests of the History of Nursing Committee as published in the June issue of *The Canadian Nurse*. One day of serious research—just one day—will result in a hopeless case of monomania (I know). Every person becomes a possible source of information or confirmation. Periods of elation, due to discovery of some new data, are rapidly followed by states of depression when you discover that "nobody bothered to keep any records". You are suspicious that everyone is hoping you will soon reach normal, but you can't—not now—not when you need another half-day at the Library. Insomnia and anorexia are markedly evident; there really isn't time to eat or sleep. Lapses into apparent semiconsciousness are common—one must sort and classify, as well as pay silent tribute to the heroism found between the lines on dusty pages.

Anything, literally anything, may act as a stimulus to the romance of research, or the joy of gypsying down digressing bypaths. For instance, take a list of three hundred and twenty-seven names of diseases —that doesn't sound like Nursing History, does it? But when you find these names in a Hospital Registry of fifty years ago, written in the doctor's own writing, these names become a veritable "Cavalcade" of nursing history in the year 1888. If only the Medical Officers of Health and public health nurses could read *this* list on a discouraging day. Typhoid fevers, cholera morbus, phthisis pulmonalis, diphtheria. But the public health nurses would immediately try to trace all the contacts and might be justified in investigating some of the twenty-five cases listed as bronchitis and asthma.

Think of the field day our present day X-ray technicians would have with the fifty-four diagnosis of "dyspepsia". Were they ulcers, cancer, gall stones or appendicitis? And our present day laboratories with all the cases listed as "debility"? Were they pernicious anemias, diabetics, nephritics or what? Was "remittent fever" a case of malaria? Was "caries of the leg" varicose ulcers or diabetic gangrene? That Hospital Registry would be a gold mine for a novelist. Four cases of diphtheria from one home in one day—two weeks later, four more from the same home. Can't you hear the village dressmaker stuttering in her eagerness to relate that news? (They all recovered). Here is one patient listed with a diagnosis of "monomania"—we don't need a novelist to help us weave a story here.

Truly, history makes us humble. The pioneers in medicine and nursing did their

best in the face of hopelessness. We know what they have accomplished in these fifty years. Will someone find our 1939 list of diseases just as interesting and antiquated fifty years from now? Will the cause of cancer be known? Will some nurse with a hobby for nursing history research, scan our lists, then sit back and say, "Wouldn't you think they could see that?" Evidently it needs a genius to discover the obscure within the obvious, today, as well as in Pasteur's day.

Yes, I'm very much afraid the doctor will diagnose my case as "monomania—incurable, caused by prolonged concentration on research in the History of Nursing."

INMATE OF ROOM 303
The Nurses' Residence

Not Always Safe?

I very much enjoyed the August issue, which dealt so well with the subject of tuberculosis in its relation to nurses. I quite agree with the student nurse that sanatorium training is most valuable and even necessary, though I think it is better taken as a post-graduate course, and only after a good long holiday. Unfortunately, many of our sanatoria are not run as carefully as the one described (I worked for nine months in a fairly well-known one, which is far from ideal) and until they are, cannot be considered safe for student nurses. Also, the complexities presented by tuberculosis cannot be fully assimilated in two short months —the usual time-allowance for affiliations. I am sure my post-graduate course in tuberculosis, added to my general training, is going to be a valuable basis for the Public Health course I intend to take. It is most necessary for a public health nurse to be "tuberculosis-conscious", and the easiest way to be truly that, is to have the experience of nursing in a sanatorium entirely devoted to that disease.

C. P.

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Having seen Their Majesties and followed, by radio and newspaper, their visit to the towns and cities of Canada, we have felt a warm glow in our hearts, a vital atmosphere pervading the nation, a fresh spirit awakened. What has been creating that spirit? Was it the pomp and ceremony or the cheers and the bunting? Was it not, rather, the quality in our King and Queen's own lives? They gave themselves so gladly to us all! We know of many simple stories that illustrate what their visit has meant. One small boy who is not yet six years old, is quite sure that the Queen smiled at him, and when asked if she spoke to him, he quietly said that 'she didn't have to'!

How can we make permanent the spirit that we felt? Think of what would happen if we were all to possess the spiritual qualities that we see in our Queen. She is a woman whose example of thoughtfulness and unselfishness challenges every Canadian nurse to find the source of power form which such character springs. We would be an inspiration to the men and women we serve and our influence would reach far beyond the actual, and often brief associations with them.

We nurses are in an unique position of responsibility, for we are in touch with every phase of national life as we work to bring health to Canada. We nurse Mrs. Jones who has a husband and four children to take care of, she is bringing up the future generation. We meet the business man who is anxious about the future of his firm and has been sick from worry. We nurse the factory girl, the owner of a printing press, or perhaps the wife of a leading statesman, who when she returns home from the hospital is so different that she wants to help her husband with his responsibilities instead of thinking always of herself. We can inspire these men and women to so return to their homes, business, or industry, that they work to create a healthy atmosphere where ill will can not thrive. They will not only be physically strong, but will become the moral backbone of our country.

NORAH BALDWIN
Toronto

NEWS NOTES

BRITISH COLUMBIA

VANCOUVER:

The annual scholarship awards made by the Vancouver General Hospital Alumnae Association have been announced. These awards are made to Alumnae members and any member may apply. The applications are considered and the awards made by the Alumnae Scholarship Committee. This year an award was made to Miss Vera K. Powell who was granted $300. to enable her to take a course in ward administration, teaching and supervision at the University of Minnesota. Miss E. E. Wilson was awarded $125. and will take a course at the Manhattan Eye, Ear, Nose and Throat Hospital, New York. Both nurses plan to take their courses this Fall, and have been on the Vancouver General Hospital staff for the past year.

VANCOUVER:

Married: On June 17, 1939, Miss Margaret Agnes Tavender (St. Paul's Hospital, Vancouver) to Mr. Donald Haas.

Married: On June 28, 1939, Miss Jean Lillian Kwong (Royal Columbian Hospital, New Westminster) to Mr. J. Alfred Yee.

Married: On June 29, 1939, Miss Mary Ann Hinch (Hotel Dieu Hospital, Kingston, Ont.) to Mr. Reginald Edward Easton.

Married: On July 1, 1939, Miss Marjorie Ellen Tossell, (Vancouver General Hospital) to Dr. Bruce F. Bryson.

Married: On July 2, 1939, Miss Ethel A. Beamish (Royal Columbian Hospital, New Westminster) to Mr. Paul Derrick.

Married: On July 19, 1939, Miss Kathleen Emily Sheppard (St. Eugene's Hospital, Cranbrook) to Mr. Edgar Covert Lattimer.

Married: On July 22, 1939, Miss Ruth Elder (Presbyterian Hospital, New York) to Mr. Robert A. Henderson.

NEW BRUNSWICK

ST. STEPHEN:

At the annual meeting of the Chipman Memorial Hospital Alumnae Association the following officers were elected: president, Miss J. M. Sinclair; first vice-president, Miss Nellie Spinney; second vice-president, Miss Myrtle Dunbar; secretary, Miss Aldana Leland; treasurer, Mrs. Cedric Dinsmore; directors, Miss A. Spinney, Mrs. George Clayland, Miss Myrtle Dunbar; programme committee, Mrs Harry Short, Miss Estelle Gibbon, Miss Myrtle Dunbar; visiting committee, Miss Aldana Leland, Miss Lou Mersereau; nominating committee, Miss C. M. Boyd; refreshment committee, Miss Estelle Gibbon, Mrs. Edna Mallory, Mrs. Frank McGarrity. The Anderson cottage at the Ledge, was the scene of a recent meeting of the C.M.H. Alumnae. After a short business session, the members enjoyed a dip in the salt water and then a picnic supper.

During her recent visit to St. Stephen, Miss Grace A. K. Moffat of Montreal, was the honour guest at a dinner given by the C.M.H. Alumnae Association, at which over forty members and guests were present. Miss Muriel Carter has accepted a position on the staff of Grace Hospital, Cleveland. Miss Gertrude McCulloch, supervisor of the obstetrical wing of the C.M.H. spent her vacation in Kingston, Ontario. Miss Reta Follis, superintendent of C.M.H. recently returned from a vacation spent in Ontario.

Married: On June 24, 1939, Miss Gertrude F. Hughes to Mr. C. F. McGarrity.

Married: On July 15, 1939, Miss Sarah Forbes to Mr. Royden Turner.

NOVA SCOTIA

HALIFAX:

At a recent meeting of the Halifax Infirmary Alumnae Association about twenty members were present. The resignation of Mrs. Lindsay McManus as convener of the entertainment committee caused much regret and a vote of thanks was accorded to her for her service during her term of office. Her successor, Miss Beatrice Foley, received a warm welcome. Miss Teresa LaPierre has been appointed to succeed Miss Delores Gaudet as convener of the press committee, Miss Gaudet having left to take a position in New York.

The Alumnae Association has gone forward another step in deciding to join the Literary Guild of New York, from which a book is received every month and the members are kept informed concerning the latest literature. At the conclusion of the business meeting a most enjoyable social hour was held.

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The Alumnae Association entertained recently at the home of Mrs. W. S. P. Gow in honour of Mrs. Lindsay McManus, who is leaving shortly to take up residence at Gaspe, P. Q. About twenty-five members of the Association attended and indicated appreciation of Mrs. McManus' services and regret at her departure by the presentation of an address and a hansome fitted handbag.

ONTARIO

District 1

WINDSOR:

June 28 marked the Silver Jubilee of the Alumnae Association of the Hotel Dieu Hospital Nurses Training School. This anniversary was fittingly celebrated by a reunion banquet at the Hospital which was attended by about one hundred and fifty graduates. On behalf of the Alumnae, Mrs. Graham, one of the first graduates of the school, presented Rev. Mother Marie de La Ferre, Superior of the Hospital, with a beautiful silver bowl as a gift from the Association. Dr. L. G. McCabe and Dr. Master, president of the Essex County Medical Association, conveyed greetings and congratulations.

Districts 2 and 3

KITCHENER:

The summer session of Districts 2 and 3, R.N.A.O., was held on June 21 at St, Mary's Hospital, Kitchener, with a registration of 140 members and visitors. The chairman, Miss S. A. Campbell, of Guelph, presided and the Rev. C. B. Meyer pronounced the Invocation and extended a cordial welcome to the visitors. His Worship the Mayor, Mr. G. W. Gordon, conveyed the greetings of the City, and Dr. Geiger expressed the interest and good-will of the Medical Society. All chairmen of sections and conveners of special and standing committees were present and presented reports. These reports indicated a very lively interest in the work of the Association. The attendance was large and discussions constructive.

Membership: Miss Bingeman reported an increase in renewals but a decrease in new members. Although the membership on the whole has increased, out of approximately 100 nurses graduating in the District each year, not more than one-third of that number give their support to their professional organization. Miss Bingeman emphasized the fact that the majority, while accepting the privileges and prestige of their status as Registered Nurses, do not accept the responsibilities entailed. Better co-operation was

solicited. *National Enrolment* shows a slight increase but is still less than the quota. Miss Ashplant of Kitchener gave the report for *The Canadian Nurse* using a cleverly drawn map to illustrate regionally the percentage of nurses who are loyally supporting their professional magazine. The Kitchener and Waterloo Chapter sent in an interesting report outlining the professional activities of that organization.

The report of the Private Duty Section was presented by Miss Eby, of Woodstock. On behalf of the Public Health Section, Miss Hackett, of Paris, reported great activity along educational lines. On May 6, thirty-seven public health nurses of this District representing Counties from Owen Sound to Woodstock, with near-by towns and cities well represented, held a supper-meeting at the Old Mill in Kitchener. The meeting was a great success socially and professionally and the address and discussions most instructive and stimulating. It was decided to have another "get-to-gether" meeting of this Section in October. The question of short Refresher Courses within the District along specialized lines such as tuberculosis and psychiatric nursing was discussed and approved.

On behalf of the Nurse Education Section, the chairman, Miss Sylvia Hallman, of Guelph reported that the outstanding activity has been the establishing of a circulating library, particularly designed to be of service to nurses who do not have access to reference libraries in connection with Training Schools or who cannot secure suitable material in public libraries. The library, which was organized at the February meeting of the Association in Guelph, already has 30 members with over 30 books in circulation, 4 American Nursing Journals and 1 copy of *The Canadian Nurse*. Miss Hallman called the attention of the nurses to "Notes from the National Office" in the June number of *The Canadian Nurse* in which reference is made to a Canadian History of Nursing and recommended that all Alumnae Associations should start a history of their own training school and hospital. Miss Hackett reviewed the high-lights of the R.N.A.O, Annual Meeting in Toronto in a very instructive and entertaining report.

An outstanding feature of the meeting was a paper by Miss R. M. Beamish of Owen Sound on "The Religious Influence in the Life of the Nurse". The open discussion which followed was evidence of a keen interest in this vital subject, and the general expression of opinion was that the need for development along this line was generally accepted. A committee of four for further study was appointed, with Miss Beamish as convener. Dr. L. C. Fischer, pathologist in the Kitchener hospitals, gave an interesting address on "The nurse and the laboratory". In order to ascertain the

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wishes of the members regarding topics for discussion at general meetings a question-box was prepared whereby all members might have the opportunity of making their wishes known. It was felt that as the question of re-naming Sections would again come up at the Annual Meeting of the R.N.A.O. an expression of opinion from the Districts was indicated.

Miss Ruth Barringham, a student nurse of St. Mary's Hospital, sang delightfully, and after enjoying a delicious tea provided by the Sisters and the Alumnae Association of St. Mary's Hospital, the members and guests listened to an interesting address from Dr. A. J. McGanity on "Some milestones in medicine." Miss Buck, of Simcoe, very graciously invited the Association to hold the annual meeting in Simcoe at the Norfolk Hospital. The members are looking forward with great anticipation to the Fall meeting.

District 8

Ottawa:

Miss Mary Thompson, supervisor of the obstetrical department of the Ottawa Civic Hospital, is leaving shortly to become assistant supervisor of the obstetrical department of the Hamilton General Hospital. Miss Thompson has been entertained on several occasions. In her honour the Graduate Staff Association of the Ottawa Civic Hospital held a picnic and on this occasion presented Miss Thompson with a silver tea service. The private duty nurses presented her with a walnut coffee table, and at a tea held recently in the Nurses Residence, the general duty nurses and the members of the graduating class presented her with a silver tea tray.

Married: On July 14, 1939, Miss Gwendolyn Bullen (O.C.H., 1933) to Mr. John Fraser.

Married: On June 30, 1939, Miss Lola Ballachey (O.C.H., 1938) to Flying Officer Ralph C. Davis.

Married: On July 1, 1939, Miss Gladys M. MacPherson (O.C.H., 1931) to Mr. Joseph R. Herbert.

District 9

Kirkland Lake:

As already announced in the August issue of the *Journal*, the annual meeting of District 9, R.N.A.O., will be held in the Curling Rink, in Kirkland Lake on September 23. The guest speaker will be Miss Mary Millman, of the University of Toronto School of Nursing, and Miss Gretta Ross, of the Ontario Society for Crippled

REMARKABLE EXPERIMENTS

At a London University a group of medical students volunteered to undergo scientific dietetic tests: one of the substances tested was BOVRIL.

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Ste. 402, 1411 Crescent St., Montreal, P. Q.

Children. After the banquet in the evening, the local arrangements committee are planning a dance. This occasion promises to be an interesting one, and it is hoped that all nurses in District 9 will plan to attend.

QUEBEC

MONTREAL:

Montreal General Hospital:

If you have not read *The Canadian Nurse* carefully during the holiday months this will inform you that the Montreal General Hospital Training School will celebrate its fiftieth anniversary next year. The important dates to keep in mind are June 3, 4, and 5, 1940, and it is hoped that every graduate of the school will plan to be in Montreal at that time. The committee on arrangements will have information as to definite plans for celebrating in the near future. Please watch for these through *The Canadian Nurse* and the Press

Miss Elizabeth Odell, R.R.C. (M.G.H. 1915) superintendent of Nurses, Evanston Hospital, Evanston, Ill., visited her old training school during July while spending a vacation in Montreal.

. . . OFF . . . DUTY . . .

The other day . . . we dashed into the five-and-ten . . . in search of a dishmop . . . and on a high shelf . . . spied the blue and crystal goblets . . . we needed to replace breakages . . . There were five of them . . . and we only wanted two . . . "Better take the lot" . . . said a warning voice . . . "That's all there is, there isn't any more" . . . Overcome by the finality . . . of this statement . . . we had the lot wrapped up . . . and while waiting for our parcel . . . asked why their simple design . . . had been supplanted . . by Mickey Mouse . . . and Donald Duck . . . "You should get stream-lined, lady" . . . said our clerk crisply . . . "there's no call for old junk any more" . . . Smiling serenely . . . we carried off . . . our blue and crystal treasure . . . As a connoisseur . . . of Early Woolworth glassware . . . we knew we had snapped up . . . a collector's item . . . As we wandered down . . . the crowded aisles . . . we meditated on the sensitive response . . . of mass production . . . to any degradation . . . in the public taste . . . At a counter . . . heaped with mysterious electrical devices . . . were two small boys . . . examining and comparing . . . with the cool competence . . . which marks the expert . . . A little discreet eaves-dropping . . . revealed that the component parts . . . of a home-made radio . . . were being assembled . . . subject to precarious financing . . . "Ten cents short and only one left" . . . said the older boy . . . "Another guy might grab it before next week" . . . At this point . . . it seemed in order . . . to offer a modest contribution . . . to the advancement of science . . . swiftly rewarded by an invitation . . . to listen in some evening . . . Cheered by this encounter . . . we went in search . . . of the lively arts . . . Swing-time addicts . . . were grouped three deep . . . around the piano . . . lost in "A Deep Purple Dream" . . . Unable to share this ecstasy . . . we pushed on . . . toward literature . . . to find "Tarzan and the Apes" . . . in friendly company . . . with "The Pickwick Papers" . . . and "The Essays of Emerson" . . . Across the aisle . . . were oil paintings . . . bathed in a light . . . which never was . . . on sea or land . . . and portraits of celebrities . . . all the way from Clark Gable . . . to Mr. Chamberlain . . . complete with umbrella . . . A passing glance . . . at the jewellery display . . . disclosed that a brooch . . . purchased for fifty cents . . . in a more exclusive establishment . . . could have been acquired for twenty-five . . . so to raise our drooping spirits . . . we paused at the beauty alcove . . . where a gay young thing . . . with lips like ripe cherries . . . coaxed us to buy her lipstick . . . "It would do a lot for you, madam" . . . said she . . . waving it seductively in our direction . . . but we stood firm . . . against this soft persuasion . . . we are Early Woolworth . . . and proud of it . . . E. J.

Official Directory

International Council of Nurses
Executive Secretary, Miss Anna Schwarzenberg, 51 Palace Street, London, S.W.1., England

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A.A., St. Boniface Hospital, St. Boniface

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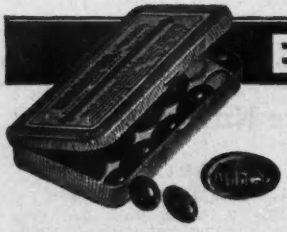
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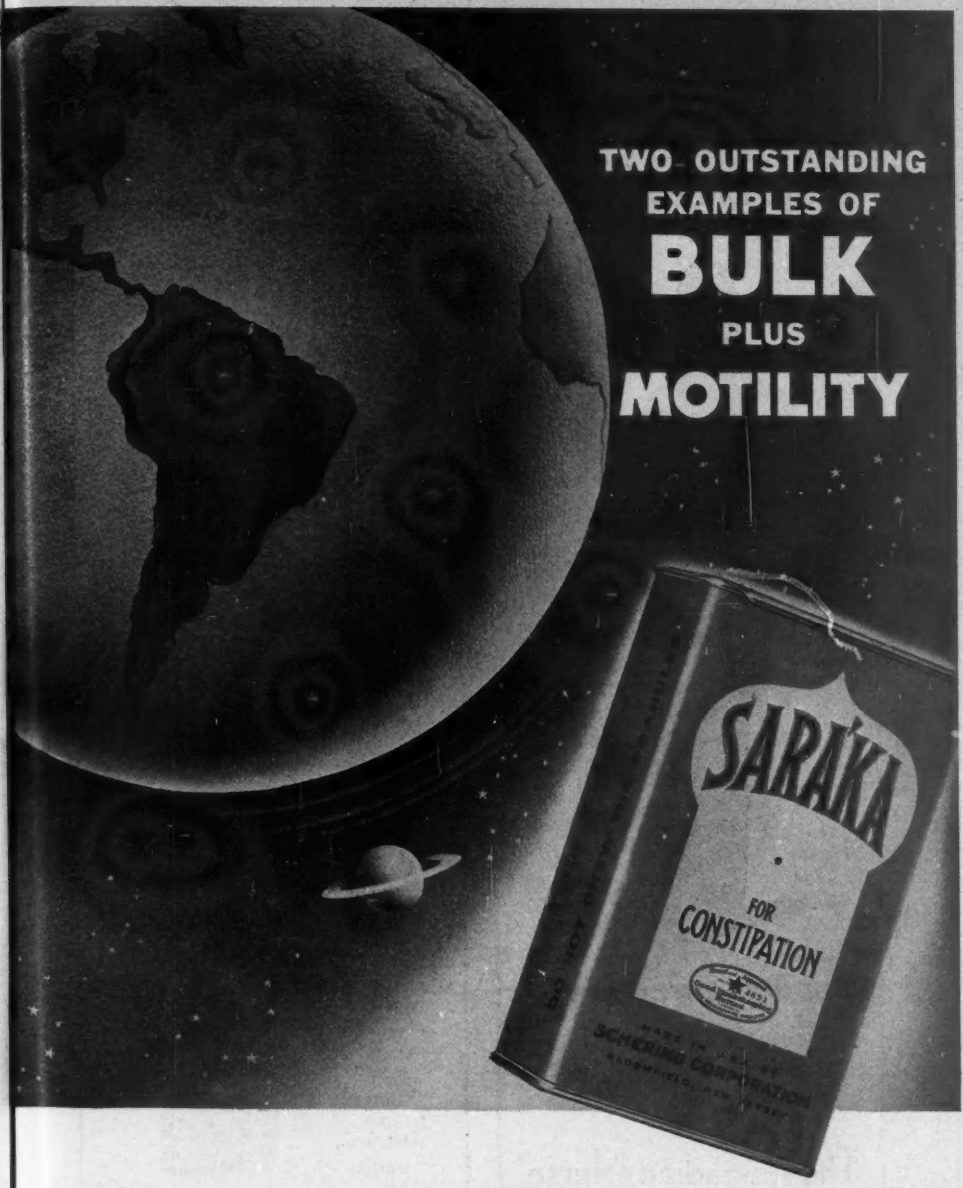
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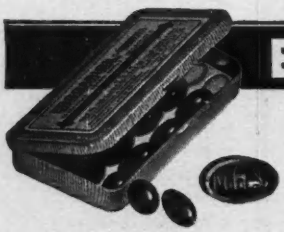
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